CERTIFICATE OF DEATH

11944

)	1.

campletely filled may be retained of the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed page 3 shauld be detached for use as the hindures.

the law requires that the death certificate be executed within 24 haurs af

	1196
PLACE OF DEATH D. COUNTY	Wicomico

23. FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

24b, REGISTRAR'S SIGNATURE

arthur & Krous

24g. REC'D BY REGISTRAR DATE OCT 1 3 '59

o. COUNTY	Wicomico	MARYLAND	o. STATE Maryl	and b. COUNTY	Wicomice
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write newest own) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Salis	outside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	TTAL (If not in hospital, give street 202 Center St	address)	d. STREET ADDRESS 202 C	enter St	o, IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print)	MORRIS	SLEMMONS	ADAMS	4. DATE Month OF OCTO	
s. sex Male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	lost birthdoy)	Months 26 Hours Min.
10a. USUAL OCCUPAT during most of wa Employee 13. FATHER'S NAME	ION (Give kind of work done 10b. orking life, even if retired) No. State Road	kind of Business or Industrials Commission	n Wicomico	County Mary	12. CITIZEN OF WHAT COUNTRY?
John Ad	lame		Hettie		
IS. WAS DECEASED EV		SOCIAL SECURITY NO.		dans(Wife)202 y, Maryland	Z Center St.
Conditions, if gove rise to couse (o), stating lying couse lost	ony, which (b) (b) DUE TO	atin p	Ocelus elentie	lent dise	SET AND DEATH
Sionel 200, ACCIDENT W	Logenia Circ	CONTRIBUTING TO DEATH BUT	flolietu	4-21-59	IN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU	. While	Not while for	ACE OF INJURY (Mome, form ctory, street, office bldg., etc		(County) (Stote)
21. I certify to alive an	that I attended the decease 1-28, 195	, and that death	accurred at 7:55	M, from the causes and ADDRESS (Street, city or town, st	hat I last saw the deceased I an the date stated above tote) DATE SIGNED tober // 1959
	or. Earl L. Roye			Ave. Salisbu	
220. BURIAL, CREMATI	Oct.14.1959	Wiconico I	R CREMATORY Memorial Pa:	22d. LOCATION (City, town, or Salisbur	county) (Stote)

ADDRESS

SALISBURY MARYLAND

VS A1S (4) 1SM 9/SB

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, ,

PLACE OF DEATH a. COUNTY

NAME OF

5. SEX

(Type or print)

Male

13. FATHER'S NAME

couse lost

CERTIFI

Unk

John F. Banks

Conditions, if any, which

gove rise to immediate cause

(o), stoting the underlying

200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.

220. BURIAL, CREMATION, 226. DATE THEREOF

HOLLOWAY & COMPANY

23. FUNERAL DIRECTOR'S SIGNATURE

20c. TIME OF INJURY

2:05 p. m

ACTUAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

DIYORCED [

16. SOCIAL SECURITY NO.

20b. DESCRIBE HOW INJURY OCCURR

20d. INJURY OCCURRED

at work at work

Not while

22c. NAME OF CEMETER

Zien Cem ADDRESS

SALISBURY MARYLAND

While

6. COLOR OR RACE 7. MARRIED TA NEVER MARRIED

WIDOWED T

White

10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Repairman_Mechantic_Self_empleye

18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b) and (c).

DUE TO

DUE TO

Month, Day, Year

death resulted from: Natural causes

21. I certify that I took charge of the remains described

Dr. Earl L. Reyers

Oct. 16, 1959

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

1101-

R'S	CERTI	FICA1	E OF	DEAT	H	Reg.	Dist. No	LLJ	40
ND	2. USUAL RES	MARY			Institu	tion: Resi		ore adm	istion)
16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) X FRUITLAND								
	d. STREET		N ST.						ESIDENCE A FARM?
AL-THE PARTY OF THE PARTY OF TH	BANKS		4. DATE OF DEATH	oci	Month		Doy 13	th	9 59
-:	DATE OF BIRTH		901	9. AGE IIn y last birthda		IF UNDE Months	R 1YEAR Days		ER 24 HRS. Min.
DUST	l Fru			ountry) rylar	ıd	12. CI	U S		COUNTRY?
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J.	FORMANT S. Alma Brui	V.Ba	nks(Wife'	W.	cen	St.		
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t	OT RELATED TO				N GIV	EN IN PA		PERFO	AUTOPSY PRMED? NO 1
4	aler nature of in								
facto	ry, street, office	bidg., eic.	Fr	- 0-	2	1	ounty)	i	(Stote)
	e, held an			nspection ndetermin			iry 🔼	and I	find that
Ś	_M.D. CHIEF A				•			DATE S	
	DEPUTY		XAMINER [0	ctol	er_	12.	1959
	CREMATORY		Near	Frui	ta	and,	Ma		
		24a. REC'E	BY REGIST	RAR 24b.	REGIS	TRAR'S S	GNATUR	E	

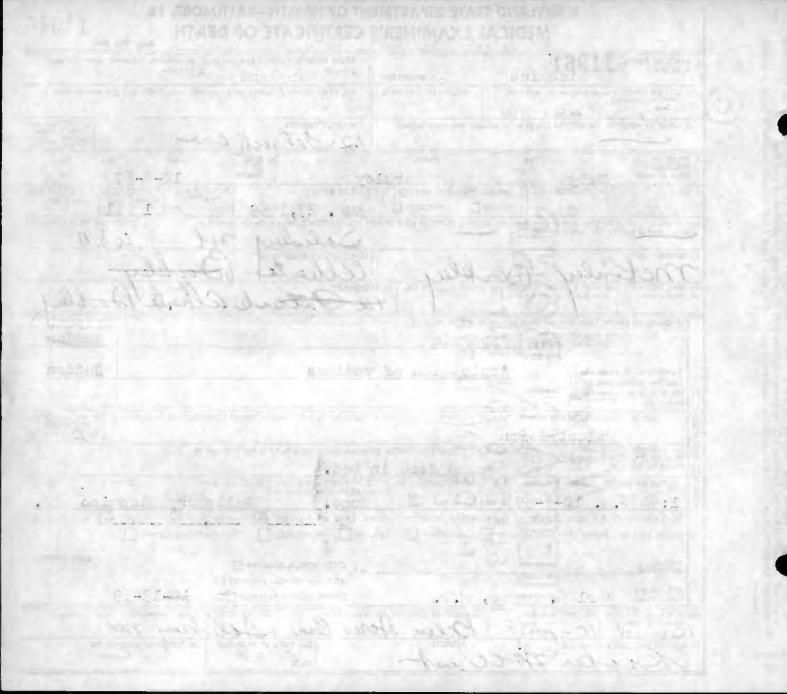
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YS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



					Mail: 140.
). PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND		where deceased lived. If Institution by Country	on: Residence before admission) W1COM1CO
b. CITY OR TOWN (and give nearest fow	Salisbury	C. LENGTH OF STAY IN 16		If outside corporate limits, write R. 1. sbury	URAL and give nearest town)
d. NAME OF HOSPI	TAL OR INSTITUTION (IF a	ot in hospital, give street oddress)	d, STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	618 South	Division St	618	S. Division	St YES NO X
3. NAME OF DECEASED (Type or print)	DONAL	Middle ALBRO	BEACH	4. DATE Month OF DEATH OCTOBE	ER 17th 19 59
5. SEX Male			June 6,190	To a street of the	FUNDER TYEAR IF UNDER 24 HRS.
during most of worki	ION (Give kind of work doning life, even if retired) Auto Parts	10b. KIND OF BUSINESS OR INDUST	The second second second		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Harry A.	Beach		Mabel S		
15. WAS DECEASED EN	VER IN U. S. ARMED FORCE (If yes, give war or dates of servi	16. SOCIAL SECURITY NO.	Road Sal	Beach (Wife) R. isbury, Maryla	D.# Schumaker
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _ DUE TO ony, which edicte couse	per line for (o), (b), end (c).] Coronary occlu	asion		INTERVAL BETWEEN ONSET AND OBEATH SUdden
CATIO		IONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAUDISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ONTRIBUTING	DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Po	rt t or Port II of item 18.)	
20c. TIME OF INJU		20d. INJURY OCCURRED 20e. PLAC While Not while of work	CE OF INJURY (Home, for try, street, effice bldg., etc	m, 20f. (City or town)	(County) (State)
ACTUAL SIGNATURE	thot I took charge of diffrom: Natural con	Ry		EXAMINER CALEXAMINER OCT	Inquiry A, and find that use
REMOBALISTE	Oct. 20, 1		amily Ceme		numaker Road
23. FUNERAL DIRECTO		ADDRESS		Will start and the start and t	CAR'S SIGNATURE 210 A
HOLLOWAY	& COMPA N	Y SALISBURY, MA	RYLAND DATE	OCT 2 0 '59	Orthur S. Firme

VS. A15ME(5) 5M 9/55

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24b REGISTRAR'S SIGNATURE

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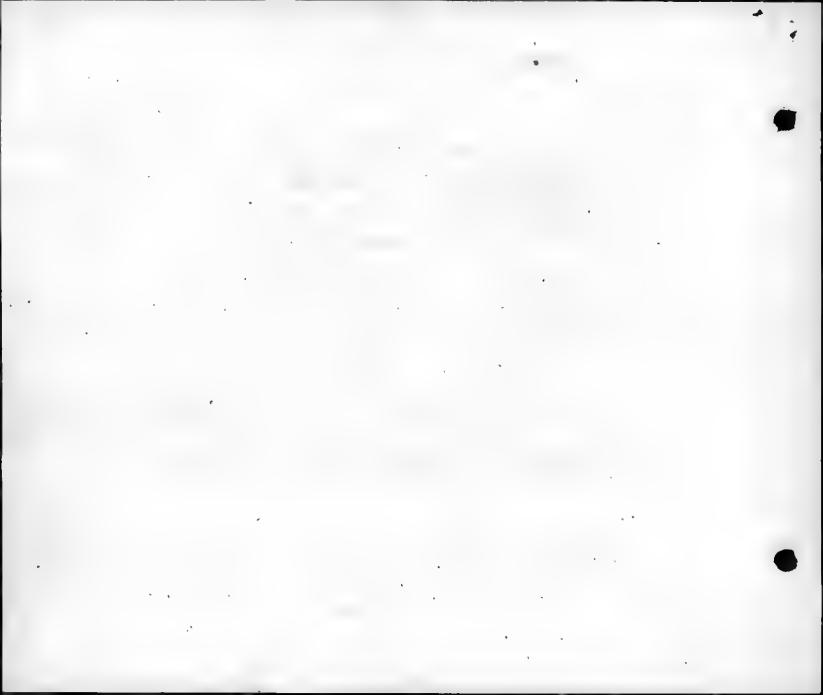
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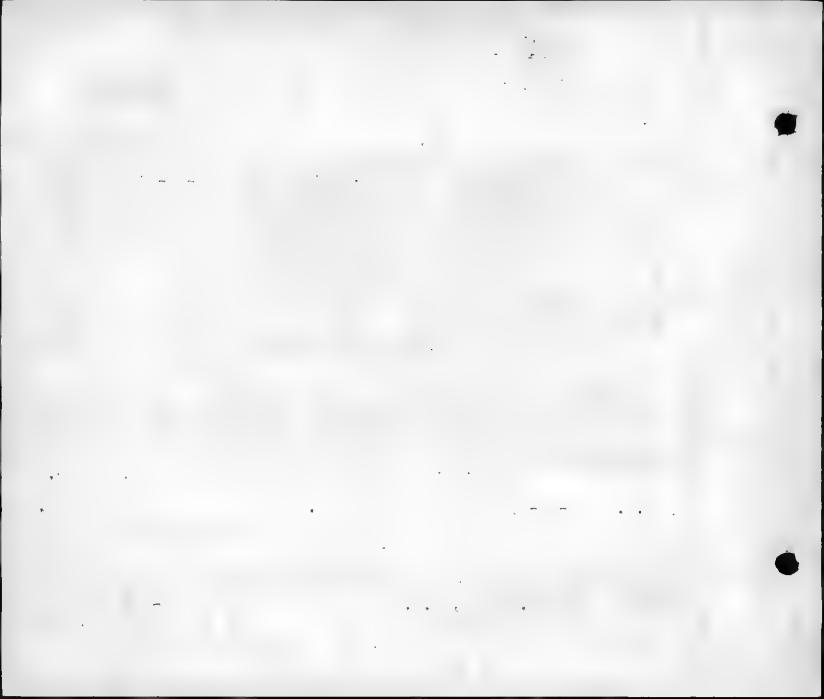
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SALISBURY MARYLAND

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DATE OCT 1 3 '59

VS A15 (4) 15M 9/58

HOLLOWAY &

COMPANY



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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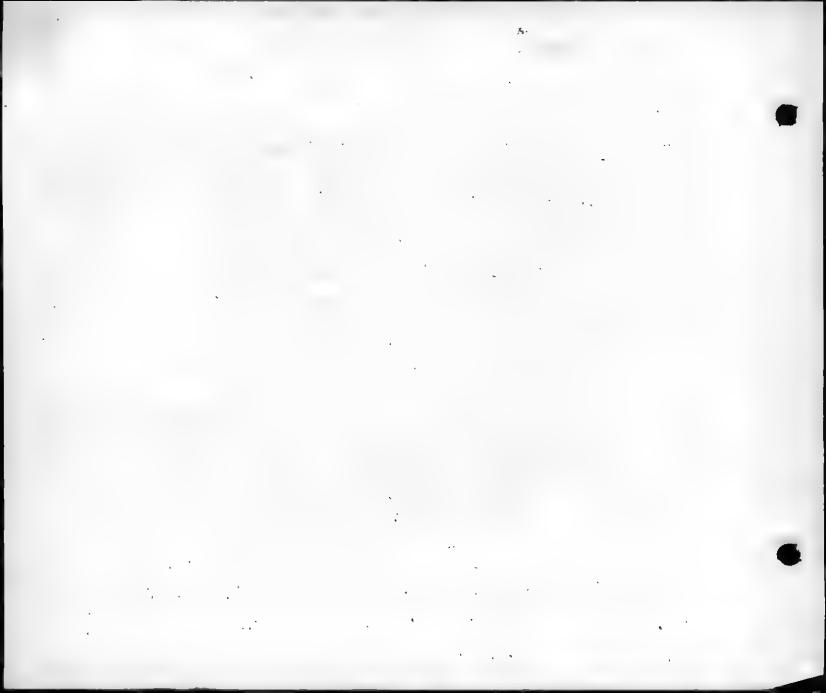
ATH Reg. Dist. No.

- 1		17
1	1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
	WICOMICO MARYLAND	"MARYLAND b. COUNTY WICOMICO.
	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	SALIS BURY :
	NAME OF HOSPITAL (Il not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS / e. IS RESIDENCE
	TENINSULA GENERAL HOSPITAL.	301 ANNE STREET YES NOTE
	3. NAME OF DECEASED (Type or print) TRSSE THOMAS	of the second se
	The state of the s	8 DATE OF BURTH 9 AGE (IN years IFUNDER 1 YEAR IF UNDER 24 ARS
	DO O I	To lost birthdoy) Months Days Hours Min
	MILE WHILE WIDOWED DIVORCED	JULY 20, 1919 AC. YO.
	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	CARPENTER SELF EMPLOYE	DIVIKGINIA U.S.A.
-	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	WILLIAM WALTER CARTWRIGH	A HMY FRANCES BROWN.
,	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. I	INFORMANT , Address 3/3 FRO /T ST
e	JES WORLD WARTE. MI	RS. FRANCES MARTIN. OCCANIA, Va
	18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).]	INTERVAL SETWEEN
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6)	reconstige ONSET AND DRATH
	DUE TO	
	Conditions if now which	
	gove rise to immediate (b)	
	Luien course lest	
	(9)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
	5	YES NO
	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of Item 18.)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200 PL	ACE OF INJURY (Home, form, 20f (City or town) (County) (Stote)
	10 111111111111111111111111111111111111	ctory, street, office bldg., etc.)
		10/6
	21. I certify that I attended the deceased from	, 19.1.7., taza
	alive on, 19, ond that death	occurred ot A. M., from the causes and on the date stated above.
	51 11	ADDRESS (Street, city or town, state) DATE SIGNED
1	SIGNATURE Thru) Cally	M.D. 711 CANDEN AVE
1	PHYSICIAN'S HARRY MATTAX, I	ND. SALISBURY, MD
	220 BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY O	DR CREMATORY 22d LOCATION (City, town, or county) (Stote)
	SEMOVAL SPECIFY 10-12-59 CHARITY CI	40 RCH CEME TRINCESS ANNE CO. VA.
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	/ , 240 REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Hollomen. Brown - c mayo NORFOLK, V	IRGINIA DATE OCT 1 4'59

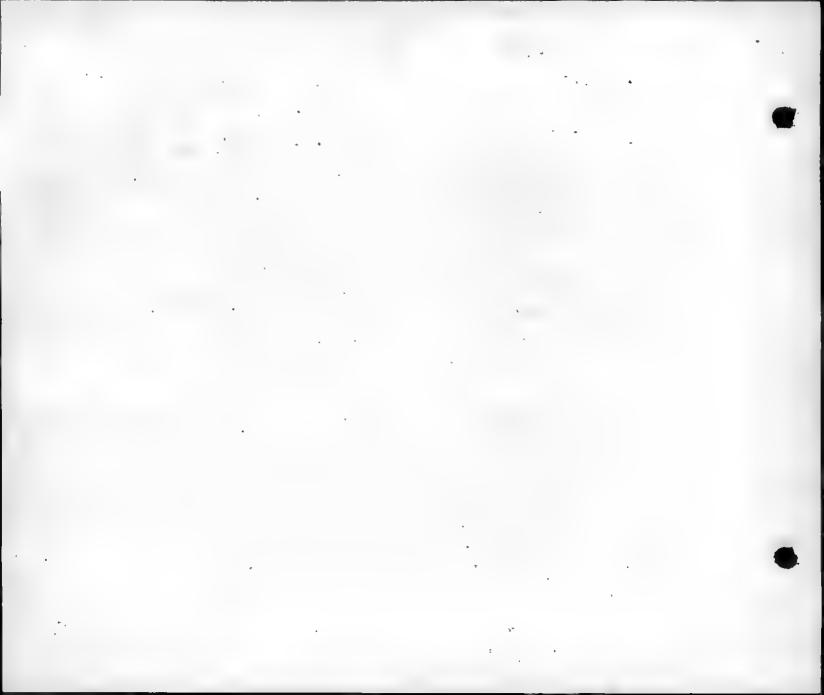
may be retained. We haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, more as should be detached far use as the burial. Then please remove carbon papers. Pages I and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 trags after death. NDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR VS A15 (4) 15M 9/58



15M 9/58



ltem	5 EURESPO TO-10-09		1195
11970	CERTIFICATE OF DEAT	H Reg. D	ist. No.
1. PLACE OF DEATH a. COUNTY UICOMICO	2. USUAL RESIDENCE (V g. STATE	There deceased rived, If institution Reside	nce befare admission)
SALIS OUR	12 d active	outside carporate limits, write RURAL and	
7.7.7. 0.0	OSPITAL WHINDLEY YELL	683 Fitzwater Sta	ON A FARM YES NO
3 NAME OF First (Type or print) (Varence	Middle CUSTIS	DEATH OTOBEY	Doy Year
MALE NCGRO. WIDOWED	NEVER MARRIED 8. DATE OF BIRTH DIVORCED	9. AGE (In years let UNDE lost birthday) Manths	R 1 YEAR IF UNDER 24 F Days Haurs Mic
10a. USUAL OCCUPATION (Give kind of work dane during most of working life), even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (STOIL	e or foreign country) 12. Cr	C.S.A.
13. FATHER'S NAME GLORGE CUS	14. MOTHER'S MAIDEN	La Julite.	V V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no. or unknown] (If yes, give worner dotter of service)	SECURITY NO. INFORMANT WILLIE DONE	Address Address St. S	skilmi 979
18. CAUSE OF DEATH Enter only one cause per line for (compart I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) E VILL	alinny Coroney	interior	INTERVAL BETWEEN
Cardinal is any which	to Thromas while	L'15	
gave rise to immediate cause (a), stating the under lying cause last.	- Jane		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO THE TER/	AINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTO PERFORMED YES NO
	OW INJURY OCCURRED. (Enter nature of injury in	Part I ar Part II of item 18.)	
ZOC. TIME OF INJURY Month, Day, Year 20d INJURY C Haur a. m., While N p. m. 19 at work ☐ at	20e. PLACE OF INJURY (Hame, far factory, street, affice bldg., e	m, 20f (City ar town)	(County) (Sh
21. I certify that I attended the deceased from	1,100	M, fram the causes and an th	ast saw the decea
ACTUAL SIGNATURE Device / Les	asu 2261	ADDRESS (Street, city or lawn, state)	DATE SIGI
PHYSICIAN'S CARRY 13 HE	ANN.	Bellin	my hed
		22d LOCATION (City town, or county)	(State)
220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. N REMOVAL (Specify) 1 10 1919	NAME OF CEMETERY OR CREMATORY	A - Year Want of cooning	mal



VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11971 CERTIFICATE OF DEATH

11956

- /			Keg. Disi. 140.
	1	PLACE OF DEATH g. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) 9. §TATE b. COUNTY
		(1) LC MICO MARYLAND	MARVIAND b. COUNTY WORCESTED
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest town)
	C	SALISBURG	BKALIN
		d. NAME OF HOSPITAL (If lot in hospital, give street address)	d. STREET ADDRESS, e. IS RESIDENCE
AL 5	7.	ENINSULA GENERAL HOSPITAL	N. MAIN ST. ON A FARM?
	3.	NAME OF First Middle	Lost 4. DATE Month Day Year
		(Type or print) AUL MITCHELL	DAVIS DEATH OCTOBER 15 1959
	5. 5		B. DATE OF BIRTH 9 AGE (In years IF UNDER 3 YEAR IF UNDER 24 HRS
	N	A A A A BUYORGED TO	Nov. 24,1908 last birthday) Months Days Hours Min
	100	USUAL OCCUPATION (G.ve kind of work done 10b. KIND OF BUSINESS OR INDUS	
		during most of working life, even if retired)	
		POLICE MAN TOWN	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		105EPH, IT, VAVIS	HUICE MITCHELL
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Ins. no. or unknown) (If yes, give wor or dates of service)	NFORMANT Address
		110 110 218-20-6698	MRS. P.M. DAVIS BERLINIID
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	dial Justacel ONSET AND DEATH
		420, / DUE TO	
		Conditions if any which \	
		gave rise to immediate	
		couse (a), stating the under-	
	7	lying cause lost. (c)	
4	F CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Ç.		YES NO P
	RT F	200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	(Enter noture of injury in Part I or Port II of item 18.)
	CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		ACE OF INJURY (Hame, form, 20f. (City or lown) (County) (State)
	(EDI	Hour a. m. p, m. 19 While Not while for all work all w	tory, street, office bldg., etc.)
	~	16.0	7 503 - 10 15 503
		21. I certify that I attended the deceased fram	7
		alive an	
			ADDRESS (Street, city or town, state) DATE SIGNED
		SIGNATURE WILLIAM S. Elebax	M.D. Fr. Ce welle, Sig. 10-)E-5
1		PHYSICIAN'S	· ·
		NAME (Type)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	220	BUR AL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (5tale)
		BURIAL 10 19 59 EVERGR	EEN BERLIN MD
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		Anna B Bustone Bulling	M A 1 0CT 2 h '59
	- 6	The state of the s	DATE Circuis P for



22c. NAME OF CEMETERY OR CREMATORY

Green Mountain

ADDRESS

11957

Rea. Dist. No. 2. USUAL_RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY c. CITY OR TOWN (If outside cargorple limits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? YES NO Yeor 195 AGE (in years last birthday) FUNDER LYEAR IF UNDER 24 HRS Manths Davs 12 CITIZEN OF WHAT COUNTRY? USA Address Selbyville. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO (Stote) (County) 1955 that I last saw the deceased _M, fram the causes and an the date stated above DATE SIGNED

ION (City, town or county)

(State)

Vermont

246 REGISTRAR'S SIGNATURE

OCA

DATE

Montpelier

HINERAL DIRECTOR: 3 shauld

SIGNATUR

PHYSICIAN'S NAME (Type)

220 BURIAL CREMATION.

Cremation

23 FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

VS A1S (4) ISM 9/5B



CERTIFICATE OF DEATH

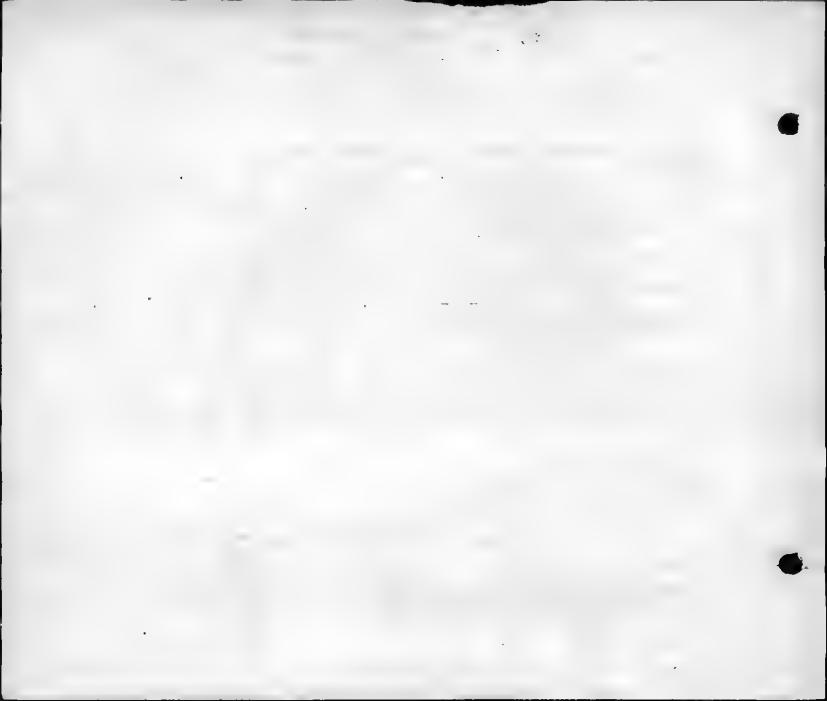
11958 Reg. Dist. Ne.

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	IO FUNERAL TILLIAM Ster this certificate has been signed by the attending physician and completely filled in by the funeral director,	FORDERAL INCORT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with

TO HOSPITAL OF PENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

1. PLACE OF DEATH o. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wic Omic O				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WILL and S	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willards				
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print) ALFRED	C. I	DE NN IS	4. DATE Mont	h Doy Yeor 19 1959		
10 - 1 - 100 - A - 1	RRIED ANEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 22, 19	9. AGE (In years last birthday) 39 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.		
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	own Farm	STRY 11. BIRTHPLACE (SIGNA O		12. CITIZEN OF WHAT COUNTRY USA		
Ray Dennis		L1111e	Demnis			
I'ves no or unknown) . I'ves nive were as dates of service)	s. social security no. 17. H 213-12-5499 Mi	nformant es. Hilda De	ennis Willa			
18. CAUSE OF DEATH [Enter only one course page PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO Conditions, if any, which gove rise Ia immediate course (e), stoting the under-lying course lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	lemnary (INTERVAL BETWEEN ONSET AND DEARH SALVIO EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE		
20c. TIME OF INJURY Month, Day, Year 20d.	e hist-while for	ACE OF INJURY (Hame, farm, street, affice bldg., elc.		(County) (State)		
21. I certify that I attended the decedative on 12 12 ACTUAL SIGNATURE TRANS PHYSICIAN'S NAME (Type)		accurred at 231 A		, that I last saw the decease nd an the date stated above state) DATE SIGNE		
220. BURIAL, CREMATION, REMOVAL (Specify) 10/21/59	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or Willards, 1			
23. FUNERAL DIRECTOR'S SIGNATURE	llyerlle a	240, REC'D	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE		



	1	1	9	7	3	
- 1	_	-	~	-	30	

CERTIFICATE OF DEATH

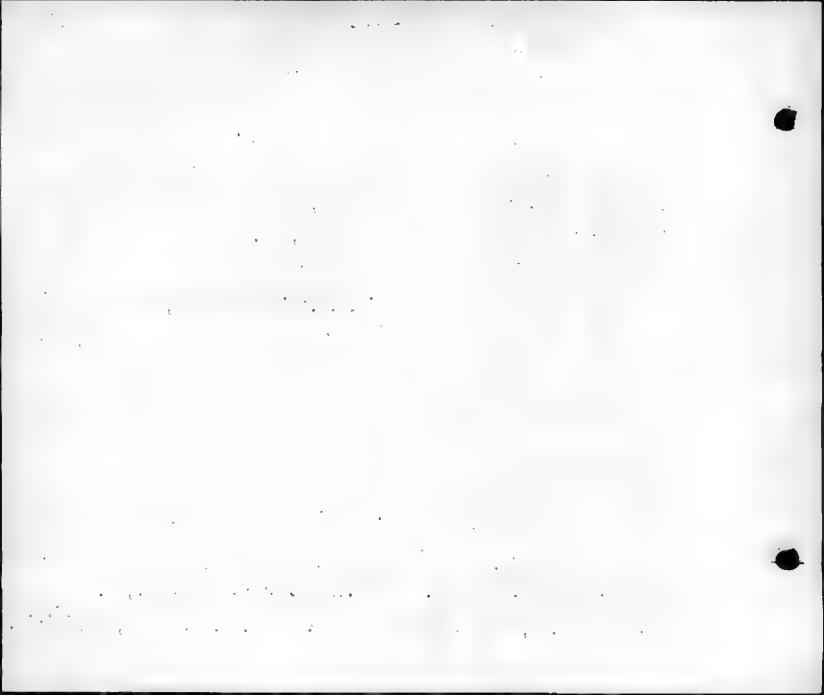
Ren. Dist. No.

77919	Reg. Dist. No.	
PLACE OF DEATH O COUNTY O COM CO MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence befor o. STATE Maryland b. COUNTY WICOMI	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nea	rest fown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PENINSULU GENERAL HOSPITAL	d STREET ADDRESS 314 Cherry Way	ON A FARM? YES NO A
NAME OF DECEASED (Type or print) ESTELLE MAE	Denn's DEATH October 1	Year 19.59
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH May 9,1889 9 AGE (In years lift UNDER 1 YEAR Months Days yes	Hours Min
Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working the even it bused to the provided the provided that the provided the provided that the provid	ISTRY IN BIRTHPLACE (Stote or foreign country) Phila, Pa. U.S. U.S.	MHATCOUNTRY?
John Wesley Marley	Alice Emma Long	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no. on thrown) (If yes, give war or dates of service) M1	Virgil W Dennis (Husband) 314 (P.O.B. #24) Salisbury Maryland	herry W
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse last (c)		ET AND DEATH,
	T NOT RELATED TO THE TERMINAL DISEASE COND TION G VEN IN PART 1(0)	PERFORMED?
OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 1 or Part II of item 18)	
	ACE OF INJURY (Home, form, 120f. (City or town) (County) ctory, street, office bidg., etc.)	(State)
21. I certify that I attended the deceased from 10-3 alive an 10-15, 1957, and that death	n occurred at 2.32 LM, from the causes and an the date ADDRESS (Street, city or town, state)	
PHYSICIAN'S Dr. Wilber R. Ellis Jr.	Medical Center- Salisbury, Md.	
	National Cem.Co. Suitland, Max	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROPERTY OF THE PROPERTY OF TH	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATUR PATE GCT 2 0 '59 C. Language Company Compan	RE

TO HOSPITAL OF FENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of Seath. Page 4 may be retained. The hosp toll or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove contain pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours filter death.

VS A1S (4) 1SM 9/S8



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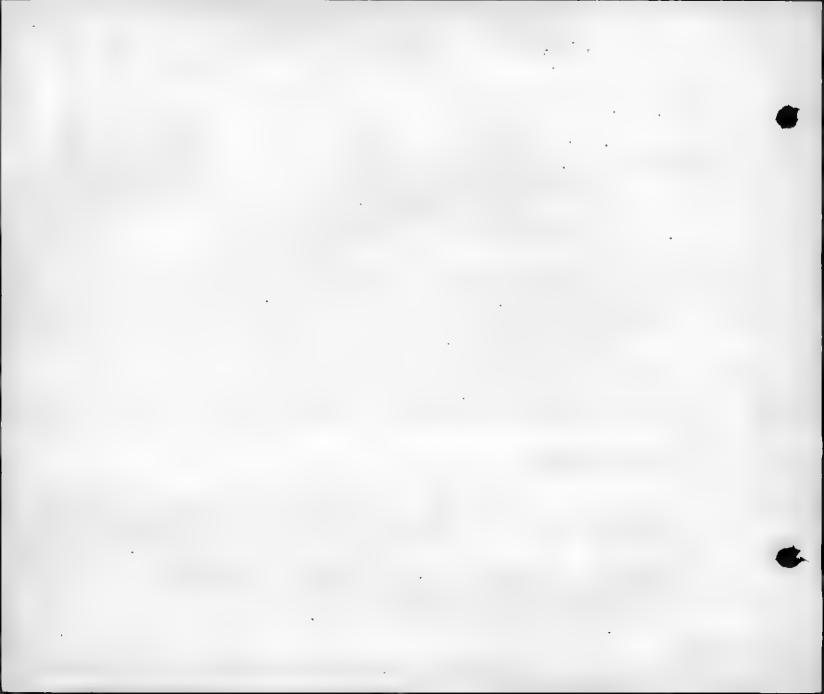
CERTIFICATE OF DEATH

Reg. Dist. No.

-		J. 4 24					
1.	PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDENCE (\		If institution. Residence	before admission)
4	b. CITY OR TOWN (If outside corporal	le limits write c	LENGTH OF STAY IN 16	MARY		WORD	es/ca y
	RURAL and give nearest lawn)		TEMOTIL OF STATE IN THE	Benlin	r outside corporate tim	ils, write RURAL and gi	ve nedrest town)
	OR INSTITUTION	ital, give street addr	ess)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Peninsula	GENERAL	Hospital				YES NO 1
	NAME OF DECEASED (Type or print)	INCENT	Middle	DeNNIS	4. DATE OF DEATH	Octobea	Day Year 19 <i>5</i> 9
S.	MA/2 6. COLOR OR E	RACE 7 MARRIED WIDOWED	NEVER MARRIED A	B DATE OF BIRTH	9. AGE lost	h al al	YEAR IF UNDER 24 HRS Doys Hours Min.
100	. USUAL OCCUPATION (Give kind of during most of working life, even if	work done 10b. KINI	D OF BUSINESS OR INDI	STRY 11. BIRTHPLACE (SIG	le or foreign country)		EN OF WHAT COUNTRY?
	SALESMAN	T	RE Co.	BERL	IN MO	(1.5 A.
13.	FATHER'S NAME	BIVIY I.	-	14. MOTHER'S MAIDEN	- 130	TTINGH	A M
15.	WAS DECEASED EVER IN U. S. ARMED		IAL SECUPITY NO	INSTITUTE	5 1-101	Address	777
(Ye	s no or unknown) [If yes, give war or da	NARZ 219	-12-8/06 1	MRS NETT	IE DEIV.	NIS BERG	IN MD
	18 CAUSE OF DEATH [Enter only o		r (0), (b), and (c)]	J 4	1	, 1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED IMMEDIATE CAU	JSE (0) CCC	ite Cons	estug re	art ya	une o	1 Town
	1/4 . DI	JE TO	. : /	7	1. M:	1. 4	/
	Conditions, if ony, which)	(b)	wous	mys-car	deaf my	falllerg	Chil. 10
	lying couse lost.	JE TO (C)	Mynry	Milere	disk	axe	/Year
NO NO	PART II. OTHER SIGNIFICANT	CONDITIONS CONT	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
IS I				,			YES NO
CERTIFICATION	20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMI)	EATH	E HOW INJURY OCCURRE	D. (Enler nature of injury i	Part For Port H of it	am 18)	
MEDICAL	20c. TIME OF INJURY Manth, Doy Hour o.m. p. m.	Year 20d. INJUR While of work	Not while fa	ACE OF INJURY (Home, for ctory, street, office bldg., e	m, 20f. (City or town	n) (Co	unity] (Stote)
	2]. I certify that I attended	the deceased	from Wills	1935, to C	24.2	195 that I last	saw the deceosed
	alive an 47	125/	, and that death	occurred at#1:47	9.M, fram the co		
	ACTUAL ASSESSMENT	1 1 1	12.11 mm	Rosa	ADDRESS (Street, cit	y ar town, state)	DATE SIGNED
1	SIGNATURE	4. 1	water mi	M.D EIFR	CIN, 111	9	10/0/59
L	PHYMAN'S TOBE	27 A.	GRUBB	m.D.			/ / /
220	BURIAL, CREMATION, 22b DATE TH	IEREOF 22	C. NAME OF CEMETERY C	R CREMATORY	22d LOCATION (C	ity, town, ar county)	(Stote)
0	URIXL 10/1	1/57	EVERG	REGIN	BER	-114	MD
23.	FUNERAL DIRECTOR'S SIGNATURES	utoge	Bulin &	nd DATE	OCT 1 2 '59	24b. REGISTRAR'S SIGN	
				07316			

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HOLLOWAY & COMPANY

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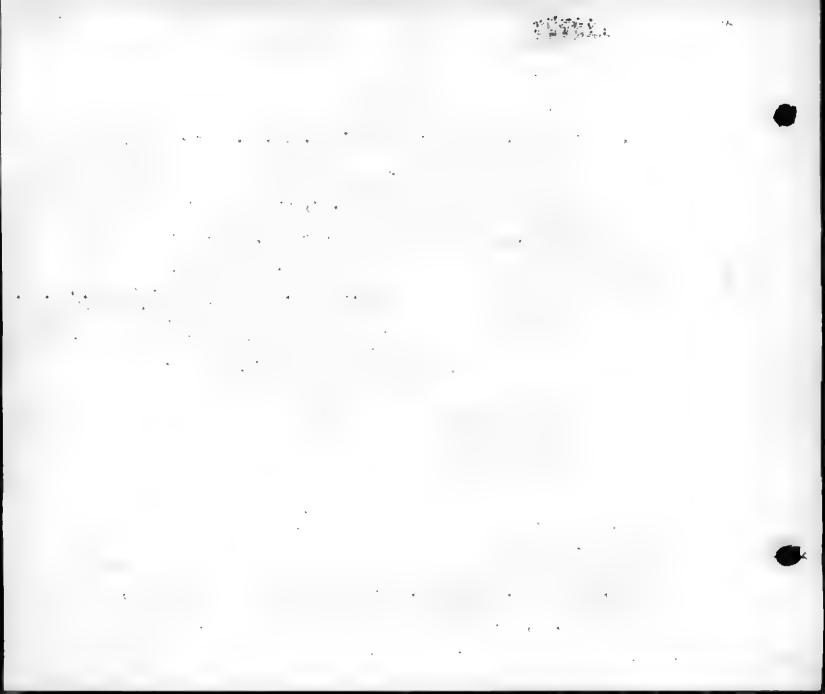
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 11976 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Wicomice Maryland b. COUNTY Wicomice MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negres town) Salisbury Salisbury d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS N. Division St. (Crew-Mor Apts) 308 N. Div. St. (Crew-Mor Apts ON A FARME YES TO NO P 3. NAME OF DECEASED 4. DATE OCTOBER ALICE HORNER SARAH (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (in years last birthdoy) Months Aug. 7,1892 Female White DIVORCED TX WIDOWED [T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Employee—Shirt Factory—Retired Sussex Co. Delaware USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Levin Foskey Resa Gertrude Truitt informant frs.Lois H. Pusey(Daughter) 308 N. Di Crew-Mor Apts) Salisbury, Maryland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. No 18. CAUSE OF DEATH [Enter only one couse per Bine for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying couse tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20g ACC-DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port It of item 18.) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour o.m. foctory, street, office bldg., etc.) While Not while of work O of work 21. I certify that I attended the deceased from that I last saw the deceased __, and that death accurred at 7:40PM, from the causes and on the date stated above. alive an ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE PHYSICIAN'S Dr. W1111am H.Fisher Jr. Medical Center - Salisbury, Maryland 220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) (State) Oct.13,1959 Hebron Cemetery Hebron, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24n REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OCT 1 3 '59

SALISBURY MARYLAND

may be retained O FUNERAL DIRE page 3 should be 0 VS A15 (4) 15M 9/58

DIRECTOR



		CENTRAL	ATE OF DEATH	4	Reg. Dist. No.	
a. COUNTY	Wicomico	MARYLAND	2 USUAL RESIDENCE (WE O. STATE Mary	rere deceased lived of institution of the country land b. COUNT	ution: Residence before od TY WICOMICO	
6 City OR TOWN RURAL and give	(If outside corporate limits, write necest town) Salisbury	c. LENGTH OF STAY IN 16		outside carporate limits, write	RURAL and give nearest	lown)
OR INSTITUTION	PITAL (If not in haspital, give street Pen. Gen Hos		d. STREET ADDRESS R. D.	# 3(Delmar	י ו במ	RESIDENCE ON A FARMS
3. NAME OF DECEASED (Type or print)	PAUL	\mathbf{R}_{ullet}	HUETHER		TOBER 7th	Year 19 59
Male	White WIDOV		S DATE OF BIRTH June 22, 19		() Wohler Day Ho	ours Min.
sst. Man	TION (Give kind of work done 10k orking life, even if refund)	Co.(D.& P.)	Baltimor	re, Maryland	USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN I			
	rad Huether			Rasmussen		
(Yes, no, pr unknown)	VER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO.		Huether(W	ife)R.D.# ury.Maryla	nd
	EATH [Enter only one cause per	fine far (a), (b), and (c)	1 1 0		INTERVA ONSET	AL BETWEEN
PARITO	IMMEDIATE CAUSE (0)	telectasis, hi	lateral, ser	Mu.		
	DUE TO 7	1 A- 0 0	10-10	A for	0 2	-2.1.
Conditions, if	immediate (0)	with in	work to ru	duys train	- lump =	200
couse (a), statin		and ntico	Jumm ilai	· ademost	up, moude	ic Aux
PART II. C	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INA. DISEASE COMBIT ON	PE	VAS AUTOPSY ERFORMED?
20g ACCIDENT Y OR CONTRIBUTION (IF EITHER, NOTIL	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in	Port 1 or Part II of stem 18.)		
20c. TIME OF INJE Have a. m p. m	. 19 While	for the second	ACE OF INJURY (Home, form ctory, street, affice bldg., etc	20f. (City or tawn)	(County)	{State
21. I certify	that I attended the decea	ised fram	1959 to	10.3 182	that I last saw th	e decease
alive on	19 . 1. 19	59, and that death	accurred al: 401			ated above
ACTUAL	Tillian 16.	7.8hing	M D	ADDRESS (Street, city or tow	Oct. 8	/195
PHYSICIAN'S D		Fisher Jr.	Medical Co	enter Sali	sbury, Mary	land
REMOVAL SPECIES	10N, 22b. DATE THEREOF Oct.10,1959	Parsens Co	r crematory metery	22d LOCATION (City, town		(State)
3 FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 246. RE	GISTRAR'S SIGNATURE	
HOLLOWAY	& COMPANY S	SALISBURY MAE	YLAND DATE OF	7 1 2 159	7.41 - 8 4	

DATE OCT 1 3 '59

Cithin & Kine

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with

page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. the registrar prior to burial, cremation, ar remaval, and in any event within 72 boars after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or

TO HOSPITAL OR

VS A15 (4) 15M 9/58

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1. PLACE OF DEATH

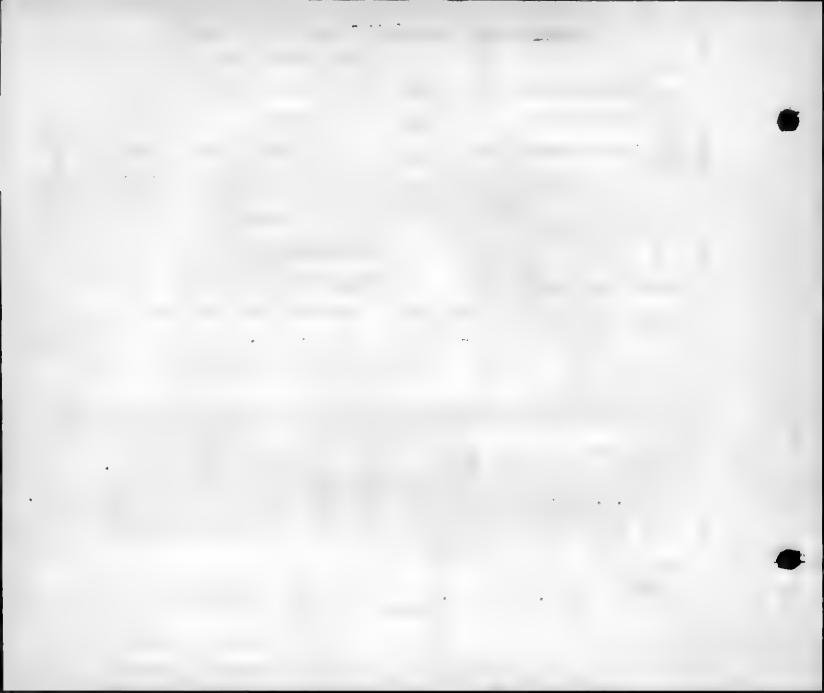
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11978MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where decoased lived. If institution; Residence before admission)

1966

	0. 0001411	Wicomico		MARYL	AND	o. STATE	Mary]	Land	b. COUN	Wic	omi	co	
	b. CITY OR TOWN (If a and give nearest town)	utside corporate limits, write	RURAL	c. LENGTH OF STAY IN	V 1b	c. CITY OR	TOWN (IF	outside corp	orote limits, wri	e RURAL on	d give ne	earest tov	vn)
	Sal	isburv				X	Salis	bury					
19	d. NAME OF HOSPITA	L OR INSTITUTION (II	not in hasp	ital, give street address)		d. STREET A	DDRESS						SIDENCE A FARM?
"QLI		a Genera	l Hos	pital			Route	2 # 2					NO D
	3. NAME OF DECEASED	Firs)	Middle		Last		4. DATE OF	Мо	oth	Day	Ye	BOT
	(Type or print)	Jack			Jes	ter		DEATH		0-27-	-59	19	9
	5 SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRIED	8. D.	ATE OF BIRTH	,	06	9. AGE (In years lost birthday)	Months	Days	Hours	R 24 HRS.
	M	W	WIDOWED			Dept.	41	942	17 m				
	10a. USUAL OCCUPATION during most of working	N (Give kind of work d life, even if retired)	ione 10b. Kil	ND OF BUSINESS OR IN	NOUSTRY	11. BIRTHPLA	CE (State o	or foreign co	ountry)	12. CIT			COUNTRY?
	STUDEN	+ -				Lel	awa	re			U.S	<u>s. A</u>	
	13 TATHER'S NAME	1/ 1	, 1		14	4. MOTHER'S I	MAIDEN N	AME	tz	-		-	
	TODEK!	Kenneth		STER	112 1150	LIC	2A	MAE		X 112	UK	1=	
	(Yes, no, or unknown)	R IN U. S. ARMED FOR	ervice)	OCIAL SECURITY NO.	17. INFO	MANI	n.t	n /= .	Addre)** マ	501	ISBURY
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		MMEDIATE CAUSE (o)		D=uural 1	TOTITO	r.r.mag.	3-16.	LUe				<u> </u>	ays
,	816×	DUE TO											
	Conditions, if on gove rise to immedi	ate ceuse							<u> </u>		-		
	(o), stating the us	derlying DUE TO											
			ITIONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIT	NAL DISEASE	CONDITION C	IVEN IN PAI	RT 1(o) 15	P. WAS A	UTOPSY
	PART II, OTHE										Y	PERFOI	NO-457
	200. EXTERNAL CAUSE PRIMARY Dor CON CAUSE OF DEATH.	E WAS 208	. DESCRIBE	HOW INJURY OCCURR	ED. (Ente	r noture of inj	ury in Port	l or Port H	of item 18.)				
		P	asser	iger in ca	ar i	nvolv	ed in	n col	lision	on I	₹₺•	# 3	13
	20c. TIME OF INJURY		20d 1N	JURY OCCURRED 20e	PLACE -	OF INJURY (H	ome, form,	20f. (City			ounty)		(Stote)
	9:30 Amin	1. 10-24	-5 Shile	Not while or of work	RT"	#**313	progr, every	Ma	rdela	Wid	comi	.00	Md.
	21. I certify the	at Litaak charge	of the re	mains described	abave	, held an	Autapsy	ما ، 🔲	spection	نىوما ،	ry 🛅,	and f	ind that
	death resulted	fram: Natur <mark>al</mark> c	auses 📋	, Accident ,	Suicid	le 🔲, Ho	amicide	☐, Un	ideterm i ned	cause [].		
		e 0.	0									0.475.41	CAIRD
	SIGNATURE	mil	75-		N	n.U,		AMINER 🔲				DATE S	OTTED
	EXAMINER'S	12 2 T	D S					L EXAMINEI	7 /	-27-	ro.		
	NAME (Type)	Earl L.						XAMINER [3		27		
	220. BURIAL, CREMATION SEMOVAL (Specify)	, 22b. DATE THEREOI	3	2c. NAME OF CEMETER				/	ION (City, town	((Stote)
	BURITLE	1001,29	,571	ST. JOH	NS 7		eme7	بياستان	/ 11	0000		10/0	2.
	HOLLOWAY &	COMPANY	SAT	LISBURY.M.	ARV	TABITS		BY REGISTI		HSTRAR'S SI		E	
	TOTAL ONET	o out that	UM	TODOLLE EL	TILL	LIMITED	DATENO\	2 '59	C	aller 9	4		

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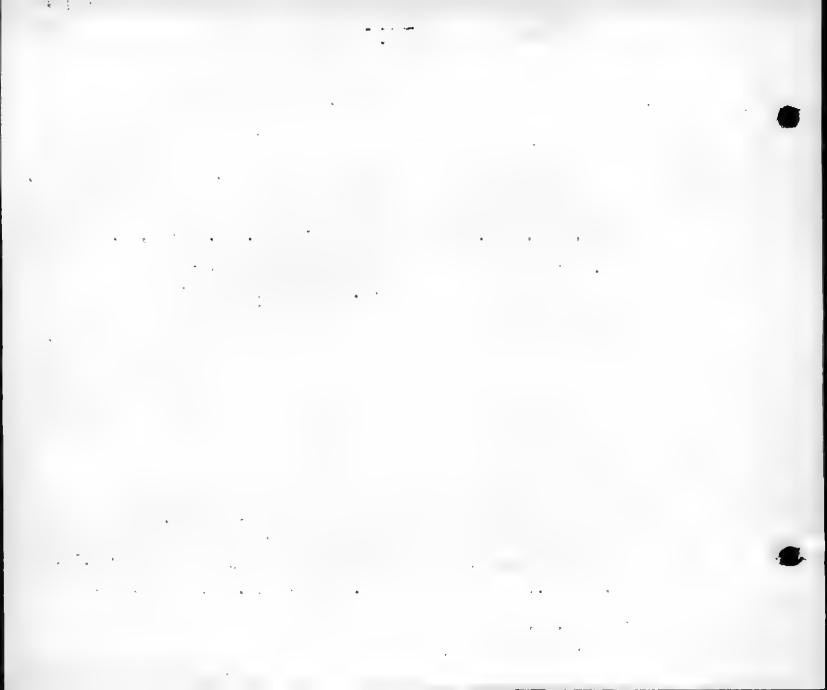
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11979

CERTIFICATE OF DEATH

Reg. Dist. No. 1967

	PLACE OF DEATH o. COUNTY; e.	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY
	1/100 mile d MARYLAND	mary hand Williamin
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	SALISBUTE	1 X Sahisburg
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS P. # ON A FARM?
	PENINSULA MENOTAL HOS	femberson Drive YES NO
	3. NAME OF First Middle /	Last 4. DATE Month Day Year
	(Type or print) CARL LEE	Jones Matter 22 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost brighted) Months Days Hours Min
	make white WIDOWED DIVORCED	Satte of 1501 1501
	100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IND during most of working life, even if retired)	
	Retired Asst. Dist. Supt (Prudential	Life Ins Co.)Mt. Vernon, Md. USA
	13) FATHER'S NAME	14. MOTHER'S MAIDEN NAME
4	/ George W.Jones	Virginia Bloodsworth
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. M. (Yes, no, or unknown) (If yes, give wor or dates of service)	rs Agnes Jones (Wife) Pemberton Drive Salisbury, Maryland
	No .	Salisbury Maryland
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	Verysian 10 dais
	420.1 DUE TO	
-	Conditions, if ony, which) (b)	
-1	gove rise to immediate Couse (a), stating the under-	
	lying couse lost. (c)	
П	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	8	YES NO.
	GR CONTRIBUTING LI CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Port II of item 38)
	= 1 N= :	LACE OF INJURY (Home, form, 120f (City or town) (County) (State) octory, street, office bldg., etc.) !
	While Not while p. m. 19 work of work	ociory, street, ornor brog., etc.)
	21. I certify that I attended the deceased from.	1950 to 10/12, 1927 that I last saw the deceased
	alive an $10/32$, 19 99, and that deat	h accurred at 1/15 kgk, from the causes and an the date stated above.
	H 12	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE H. H. Mramae	M.D. & Olis Lucy, Tool 10ct. 22, 1959
	PHYSICIAN'S Dr. Fred R. Gramse	S. Division St. Salisbury, Maryland
1	220 BUR AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	OR CREMATORY 22d LOCATION (City, lawn, or county) (Stote)
	Burial Oct. 24, 1959 Parsons	Cemetery Salisbury, Maryland
-	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REGISTRAR 24b. REGISTRAR'S SIGNATURE
Į	HOLLOWAY & COMPANY SALISBURY MA	RYLAND DATE



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uG PHYSICIAN: The faw or aspitol or attending place this certificate but of a the

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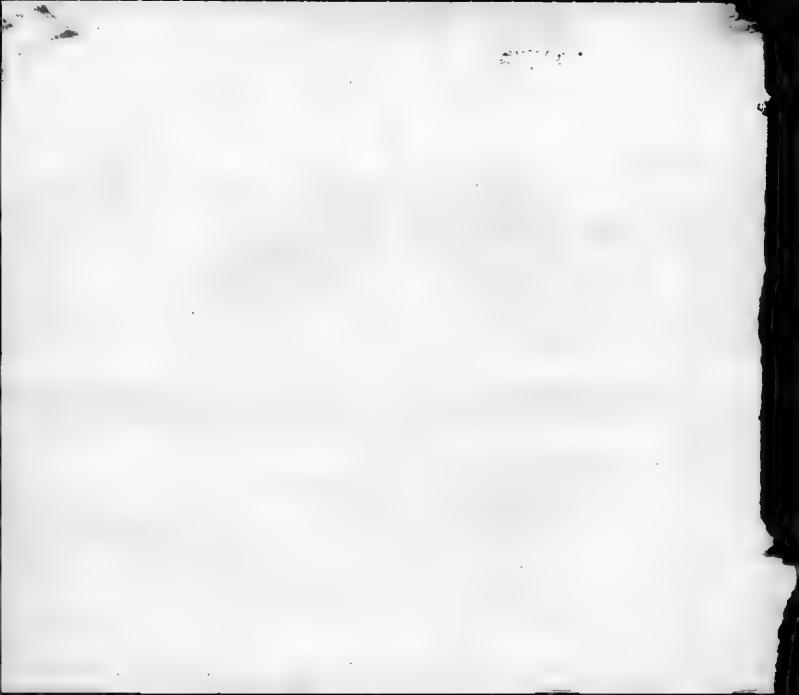
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11875 CERTIFICATE OF DEATH

11879

***************************************	CERTITION	TE OF DEATH	Reg.	Dist. No.
1. PLACE OF DEATH COUNTY W/C D Death	MARYLAND	2 USUAL RESIDENCE (Where d	b. COUNTY /	idence before admission)
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outside	corporate limits, write RURAL a	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS	149	e. IS RESIDENCE ON A FARM?
rominousura librarat	1+7 5 116h	105N 81	hot	YES NO
3. NAME OF DECEASED (Type or penn)	Anddle	0 10	DATE Month DEATH, 2-7-1-1-1	Day Year
5. SEX 6 COLOR OR RACE 7. MARR	77	DATE OF BIRTH	lost birthday Month	DER TYEAR IF LINDER 24 HP
Oa. USUAL OCCUPATION I Give kind of work done 10b.		IRY 11. BIRYHPLACE (Stote or for	eign country) 12.	CITIZEN OF WHAT COUNT
13/FATHER'S MAKE D	Dogist	14. MOTHER'S MAIDEN NAME	ey my	
JADMISON JON	SOCIAL SECURITY NO 117 IN	Putte S	mach	
15. WAS DECEASED EVERN U. S. ARMEDITORCES? 16.	none mi	DILLEAN.	es accom le	it, my
18. CAUSE OF DEATH Enter only one couse per lin		C. SILLE	D. 1.86 89.	INTERVAL BETWEEN ONSET AND DEATH
HAZZ DUE TO	egentique	The same	Julien Care	unanall
Conditions, if ony, which gove rise to immediate (b)				
couse (a), stating the under- lying couse lost. (c)				
Pair II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN I	PART 1(0) 19 WAS AUTOPSI PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING 200 DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I	or Port (I of item 18.)	
20c TIME OF INJURY Month, Doy, Year 20d, IN-Hour o.m. 19 While p. m. 19	Not white foctor	CE OF INJURY (Home, form, 20) ory, street, office bldg , etc.)	(City or town)	(County) (State
21. I certify that I attended the decease	ed from 10-20	-, 1958, to /	U - 21-, 1958, that	Lost saw the deceas
alive on, 19	, and that death o	accurred at 44 4 M. M.	fram the causes and ar	the date stated aba
ACTUAL SIGNATURE WILLIAM D	· Eleis of "	o. Jacob	ESS (Street, city or town, state) Lelle, Met	DATE SIGN
PHYSICIAN'S NAME (Type)		/	7	
POPULAL CREMATION, 226. DATE THEREOF FOMOVAL (Specify OLA 23/3 8	Ming Hilly	CREMATORY 22	COCATION TOTY Jown, or count	y) Sistole
3 FUNGEAL DIRECTOR'S SIGNATURE	CADORESS - 1/11 -	240. REC'D BY R		
CECELLES CHIMME	WHOW! HYPE)	77/2/ LAMBET 2 3	1 '58 Triling 9	Track

page 3 should be effocie the registrar prior to buriol, cremot on, or removal, and in any event within 72 hours ofter death.

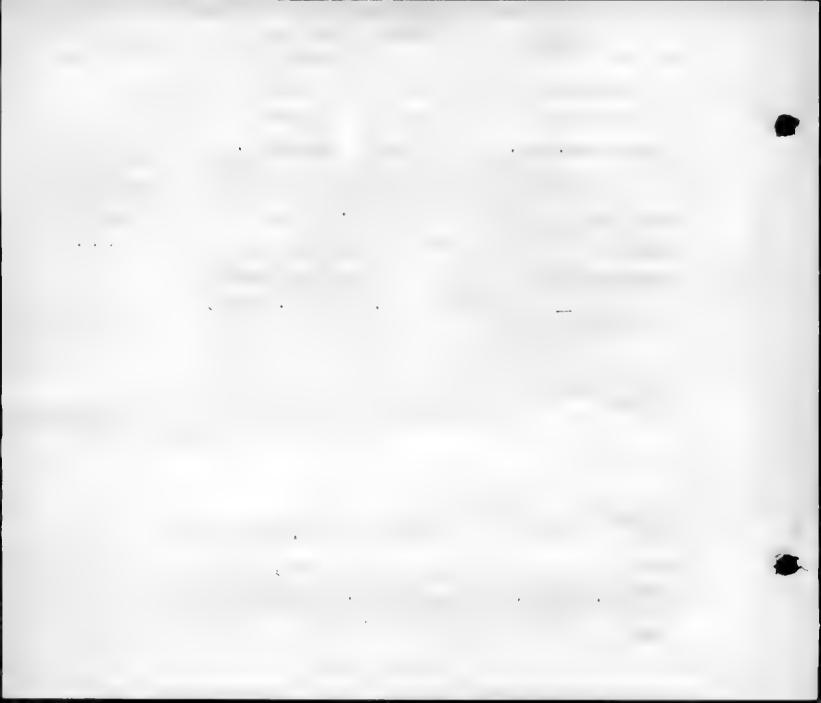
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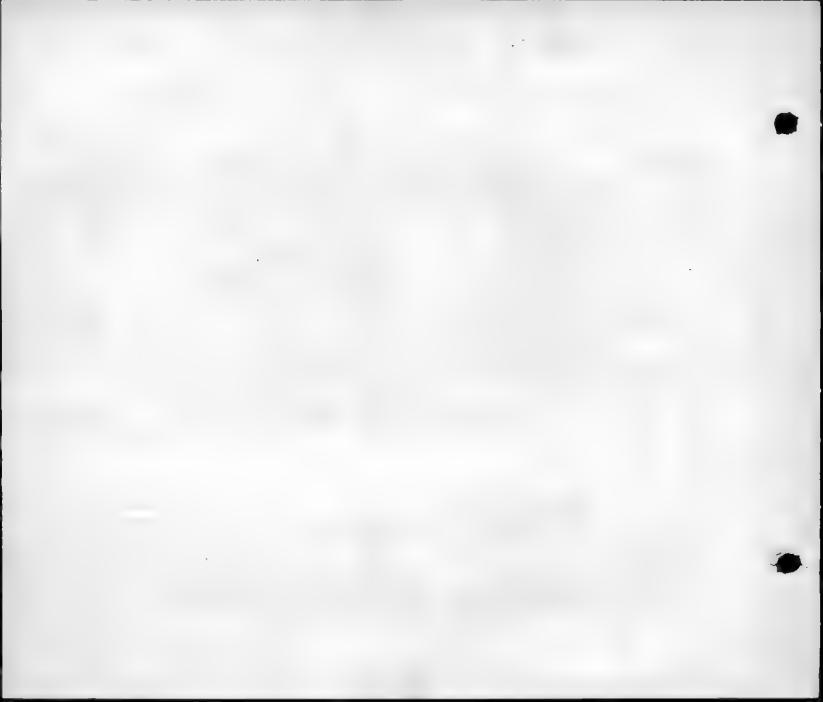
death. Page



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death certificate

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VS A15 (4) 15M 9/5B

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arol directo	1. PLACE OF DEATH o. COUNTY	Wic
funarol	b. CITY OR TOWN (IF RURAL and give nec	
by the	d. NAME OF HOSPITA OR INSTITUTION	Ce12
illed in	3. NAM OF DECE SED (Type or print)	4)
rs. Pages	Female	6 colo
nd cample on papers, death,	10a. USUAL OCCUPAT OF during most of working House We	N (Give k ing life, e O PK
tending physician and car please remave carbon pop within 72 haurs after death	13. FATHER'S NAME SOLOMON	W11
ing Ehys e remay 72 hau	15. WAS DECEASED EVER (Yes, no or unknown)	IN U. S. f yes, give v
, 0 - 1		
Ther	×	

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
12015	CERTIFICATE OF DEATH	R
	2 USUAL RESIDENCE (Where deceased lived If insti	tut on:

Reg. Dist. No. 11972

1, PLACE C	OF DEATH NTY	Wicomice		MAR	YLAND	2. USUAL RESII o. STATE		here deceased liv Land	b. COUNTY		before ad	
b. CITY RURA	OR TOWN (If L and give ne	outside corporate limi Fruitlan	its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR 1		outside corporate tland	limits, write Ri	JRAL ond giv	re negrest	tawn)
d. NAM	E OF HOSPITA	AL (If not in hospital, g		ddress)		d. STREET A		61			e IS	RESIDENCE
		Center S	3t			1	Cent	er St				S NO-
3. NAME OF DECEAS		XADEI		LOUIS		MARTI		4 DATE OF DEATH	OCT	_	9th	19 59
5 SEX Fem	ale	6 COLOR OF RACE	7. MARRIE	DIVORO		B DATE OF BIRTI August	22,1		AGE (in years lost, buthday) yrs.		YEAR IF U	NDER 24 HRS.
during	most of work	N (Give kind of working life, even if refired)	None	OR INDU			or foreign count larylan	_	U I2. CITIZI	S A	AT COUNTRY?
13. FATHER	'S NAME					14. MOTHER'S						
ALTERNATION AND ADDRESS OF THE PARTY OF THE		Willey	7				_	Kelley				
15, WAS DI	ECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s		DCIAL SECURITY N	o. M	r Uscar Laure	P.V	artin(clawar	Son)T	ikesi	le Ma	anor
gove couse lying	ditions, if on a rise to in (a), sloting to couse lost	mediale (ge.	ne brali	sed	and	erio		rsis		3 a	years.
OR CO	CC DENT WAS	ER SIGNIFICANT CON RACTU S UNDERLYING CAUSE OF DEATH WEDICAL EXAMINER)	RE.	Fem INJURY	OCCURRE	Center noture o	- 2 f injury in	Port I or Pg II	5 9 of item 18)	EN IN PART	PE	RAS AUTOPSY REFORMED?
	ME OF INJURY Hour o.m. p.m.	' Month, Day, Ye	or 20d. INJ While of work	Not while	20e. PL	ACE OF INJURY (ctory, street, office	Home, form bldg., etc	n, 20f. (City or :.)	town)	(Co	unty)	(State)
	on OC	attended the	deceosed , 19 S		1	occurred at	10A.	M, from the	e causes on	d on the	dote sto	e deceased sted above. DATE SIGNED
PHYSIC NAME	CIAN'S (Type) Dr	Robert 7	Adki	ns		Fruit	Land,	Maryl	and			
220. BJR A REMO	L CREMATION	Oct.12.	1959	22c. NAME OF CEA		emeter:	7		N (City, town, o			(Stote)
	AL DIRECTOR'S			ADDRESS			24a. REC'	D BY REGISTRAL		TRAR'S SIGN		
HOLL	YAWO	& COMPAN	Y SA	LISBURY	MAB	YLAND	DATE OF	CT 1 3 '59	Ch	thus 201	CLANCE	



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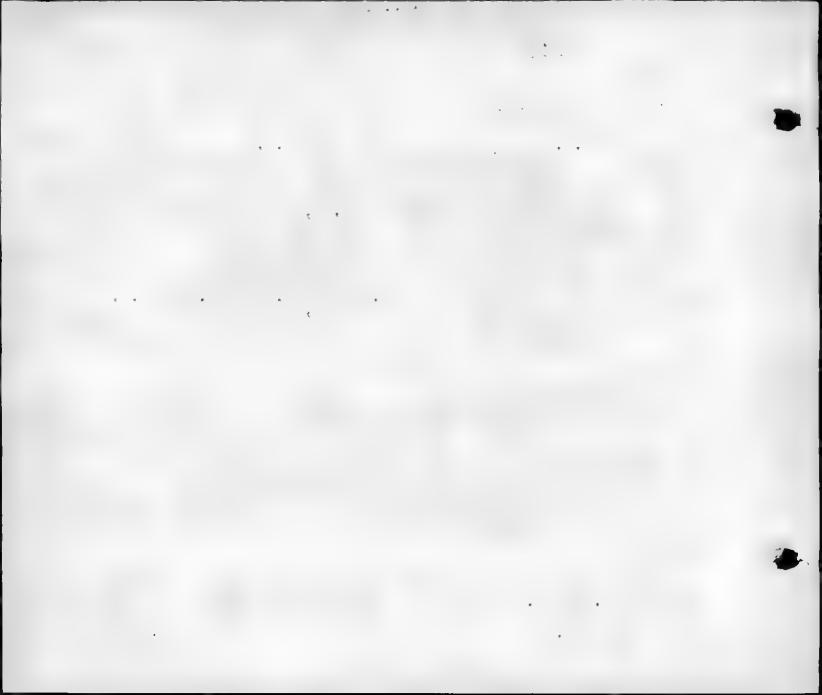
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11974

	2015					Reg. Dist. N	Vo.
1. PLACE OF DEATH	licomico	45.5 5004.45.00	2. USUAL RESIDENCE	Where deceased in the state of	ived. If institution b. COUNTY		before admission)
b. CITY OR TOWN IIf outside		MARYLAND					
and give negrest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN			IKAL and give	nearest tawnj
	den(Rural)	ital aire street address	d. STREET ADDRESS	dem (Ru	LST)		e, IS RESIDENCE
	INSTITUTION (If not in hosp	ottor, give street dadressj	11/	D #			ON A FARM?
	R.D.#			.D.#	· · · · · · · · · · · · · · · · · · ·		YES NO.K
3. NAME OF DECEASED (Type or print)	CHARLES	CLEVELAN) MEARS	DEATH	OCTOBE	R 4	th 19 59
5. SEX 6. CO	OLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. /	or bombalant	UNDER TYEA	
Male W	hite WIDOWED	DIVORCED P	Nov. 25, 188	39	69 yrs. "	lonths Days	Hours Min.
10a USUAL OCCUPATION (Gridging most of working tile,	ve kind of work done 10b. Ki	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sto	le ar foreign count	7)	12. CITIZEN	OF WHAT COUNTRY
Carpenter	House	Building	Virginia	a.		US	A
13. FATHER'S NAME			14. MOTHER'S MAIDEN	_			
Eugene Mear			Georgia	ana Shei	ward		
15. WAS DECEASED EVER IN I	J. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 177	Charles C Eden Ma	MearsJ: aryland	r. (*55%)	R.D.#	
18. CAUSE OF DEATH [En	nter only one couse per line f	or (a), (b), and (c).]				INI	TERVAL DETWEEN
PART I. DEATH WAS	S CAUSED BY:	irteriosclesc	tic cardio-	-vascula:	r diseas	16	SET AND DEATH
5010	DUE TO	RIMILA	1111				
Conditions, if any, wi		1) LILALED DA	AAA Cirrho	sis of	liver		Year:
gave rise to immediate co	ause (
(a), stating the underly	(c)						
PART II. OTHER SIG	INIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO X
20g. EXTERNAL CAUSE WAR PRIMARY OF CONTRIBU	AS 206. DESCRIBE	HOW INJURY OCCURRED.	Enter nature of injury in Pa	art 1 or Part II of it	em 18.)		
20c. TIME OF INJURY Heur o. m. p. m.	Month, Day, Year 20d. It While at wor	Not while for	ACE OF INJURY (Hame, fai tary, street, affice bldg., el	rm, 20f. (City or I	lawn)	(County)	(State)
	took charge of the re		ove held on Auton	ty D Inspi	ection 🔼	Inquiry X	I, and find the
	: Natural causes	·	icide \square , Homicic		termined cau		-, and ting the
deom resulted from		It recognitely so	reide [], Hollifeit	ie [], Olide	realinated Cut	,se	
ACTUAL SIGNATURE	IL Kr	~	M.D. CHIEF MEDICAL				DATE SIGNED
EXAMINER'S Dr. E	Carl L. Roye	r	DEPUTY MEDICAL	CAL EXAMINER 🔲 L EXAMINER 🔣	Oc	tober	<u>L</u> 1959
22a. BURIAL CREMATION, 221	b. DATE THEREOF	22c. NAME OF CEMETERY O	CREMATORY	22d. LOCATION	(City, town, or o	county)	(State)
Burial (ct. 7- /59	Parsons			isbury,		
23. FUNERAL DIRECTOR'S SIGN		ADDRESS	240. REG	D BOREGISTEN	5924b. REGISTE	ANS SIGNAT	W. all
HOLLOWAY & C	COMPANY SAI	LISBURY MAR	YLAND DATE	OCT 9'59	C.J.	1m7 8 th	Lund

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11985 **CERTIFICATE OF DEATH**

11976 Reg. Dist. No.

PLACE OF DEATH COUNTY	Wicomico		MARYL	- 11	o. STATE	ence (wh	_		institutio YTMUC	-	nce before mex		iston)
b CITY OR TOWN (RURAL and give n	If outside corporate limi	ts, write	c LENGTH OF STAY I	N 16	c. CITY OR TO	DWN (If o	iutside corpo	orale limits,	write R	URAL and	give ne	carest tow	vn)
Salis	·		2 days		Ma	rion	RF	T		19X			
	TAL (If not in hospitol, g	jive street	oddress)		d. STREET AD	_						e. IS RE	SIDENCE A FARM?
	s Read Sta	te_H	ospital		RF	D 1							NO
3. NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF		Mon	th	D	ау	Year
(Type or print)	Dona	,	Lee		Mist	er	DEATH		Oct	ober	7		1959
5 SEX सि	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH			9. AGE (In	hday!	IF UNDER	Doys	Hours	DER 24 HR
	W	WIDOW			6/27/1			85	yrs.	MONTHS	Doys	nours	MIIB,
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OF	RINDUSTR	Y 11, BIRTHPLA	CE (State	or fareign c	ountry)		12. CIT	IZEN O	F WHAT	COUNTR
	ework	'	Housewor	k	Мэ	rvla	nd				USA		
13. FATHER'S NAME					14. MOTHER'S								
James Ho	ward				M	lary :	Tull						
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	INF	De De	er's	Head	Mospi	táľ	Reco	rds		
18. CAUSE OF DEA	ATH Enter only one co	use per li	ne for (a), (b), and (c).)		-						INI	ERVAL B	ETWEEN
	TH WAS CAUSED BY:		Pulmonary e		15							SET ANI	D DEATH
11991	IMMEDIATE CAUSE (d		z daniosadz y		~ 							14.0	
Canditians, if a	an unbish \		Arterioscle	roti	cardic	vasc	ular o	diseas	se		Y	rs	
gave rise to i	mmediale (,											
cause (a), stating lying cause last,	the under-												
		-	CONTR BUTING TO DEA	TH BUT N	OT RELATED TO	THETERMI	INAL DISEAS	E CONDITIO	ON GIV	EN IN PAI	RT 1(a)	19. WAS	AUTOPS
PART II. OTI	of large l	owel	s with meta	stas	s								ORMED?
20g ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enler nature af	injury in l	Port I ar Par	rt II of item	18)				
3 20c. TIME OF INJUI	RY Month, Day, Ye	or 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (H	lame, farm	1. 20f. (City	y ar tawn)			County)	(Stat
Y 20c. TIME OF INJUING Hour a.m.	19	While of war		facta	y, street, affice	bldg., etc	-) [
				- 5-0	FO		0-4 7	, .	ĽO				
			ed fram. Oct										
alive an	Oct 7	, 19	59, and that	death a	ccurred at&						e dat		d abav TE SIGNI
ACTUAL	VV /II.	1/2/	he.				ADDRESS (S			state)		- /- 4	IE SIGNE
SIGNATURE	4 / 2 ///	WW		M.	o <u>i</u>	1 - V -	Maldy	7e, M.	<u>n•</u>		1	0/1/	کح
PHYSICIAN'S NAME (Type)	L. V. Mald		M. D.		Deer	's H	ead A	spita	1;	Salis	bur	y, M	d.
22a. BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEME					TION (City,				(\$tc	ate}
Burial	10-10-	9	Rehobeth	Met				obeth					
23 FUNDRAL DIRECTOR			ADDRESS				D BY REGIS		b. REGI	STRAR'S SI	IGNATI	JRE	
Klesanan	DHUOLO	<i>47</i> (_	Pocomoke	City	z MA	TABLE	4 9 150		17 11		4		



1 %		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 22		11986 CERTIFICATE OF DEATH Reg. Dist. No. 11977
Page directa	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where, deceased lived. If institut on Residence before admission) o. STATE 1. STAT
eath.		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the d 2 show		d. NAME OF HOSPITAL (If not in hospital, give street address) ORTHSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO P
n 24 ho filled in ges 1 an		NAME OF DECEASED (Type or print) G20.32 W, 11 AM N) Ster DEATH October 6 1959
ed withi	5. 5	1/ Die White WIDOWED DIVORCED 4/22/1408 S/yrs. Months Doys Hours Min.
on and camp carbon pape		USUAL OCCUPATION (Give kind of work done done done done) Wis Cat'MAN Seafold Vigal NiA 12. CITIZEN OF WHAT COUNTRY? List Cat'MAN Seafold Vigal NiA List A.
icate be ysicion o	6	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MAY TO ME WITH MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? IT & SOCIAL SECURITY NO INFORMANT Address
ing phose remo	(Yes	NO (If yes, give war or dates of service) 2-2-5-18-6600
the decidence of the de		TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) A CLINICAL MACHINE OF DEATH ONSET AND DEATH ONSET AND DEATH
es that in the plant of the pla		Conditions, if ony, which gove rise to immediate (b)
requir	z	couse (a), stating the <u>under-lying couse lost.</u> Part II OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
The law a physical propertion of the properties	FICATION	PERFORMED? YES NO
intending the part of the part	A. CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
itol ar c itol ar c ithis ce ar use o crematio	MEDICA	Hour o. m. p.m. 19 While Not while of work o
ENDING		21. I certify that I attended the deceased from, 19, ta, 19, that I last saw the deceased alive an, 19, that I last saw the deceased alive an, 19, ta, 19, ta, 19, ta, 19, ta, 19, that I last saw the deceased alive an, 19, ta, 19, ta, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
DIRECT BIRECT Id be d prior t		SIGNATURE and Juliane M.D Jalesbury the 10/6/59
SPITAL be reta NERAL 3 show	220	PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
TO HOY Dage the re-	/ <u>5</u> 23.	REMOVAL (Specify) 10/8/59 MISTER CRIME. SAXIS VA.
VS A15 (4) 15M 9/5B	j	Fart I heral Home Temperancially DATE Colling S. King



SALISBURY, MARYLAND

DATE OV 2

11987

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

> IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

YES NO

e Dei Maryland

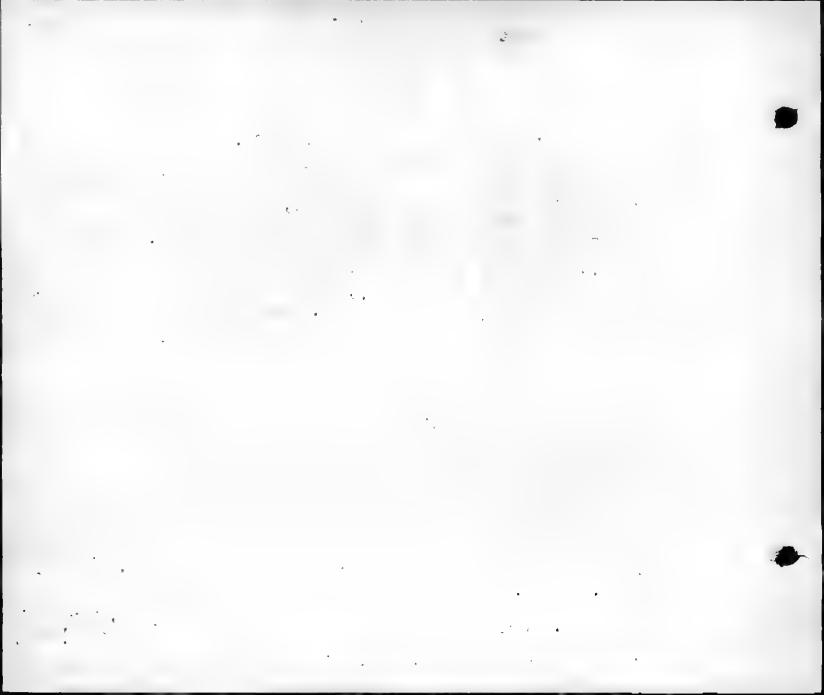
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(County)

Citting & Kraus

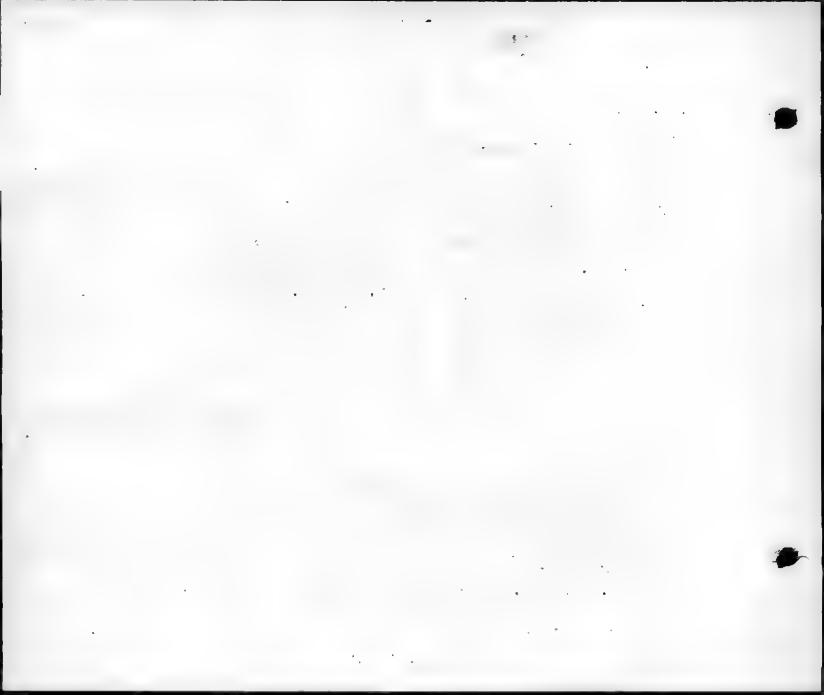
Months

YES 🗍 NO 🕅



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



11980

IS RESIDENCE

ON A FARM2

YES NO

PERFORMED? YES INO IN

(State)

Claring & France

(State)

S

Yeor

19 5 9

SIGNATURE PHYSICIAN'S Dr. William Salisbury, Maryland S.Womack 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Burial Wicomico Mem.Park Salisbury Maryland 24b. REGISTRAR'S SIGNATURE ADDRESS 24a REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE

SALISBURY MARYLAND

9 '59

COMPANY

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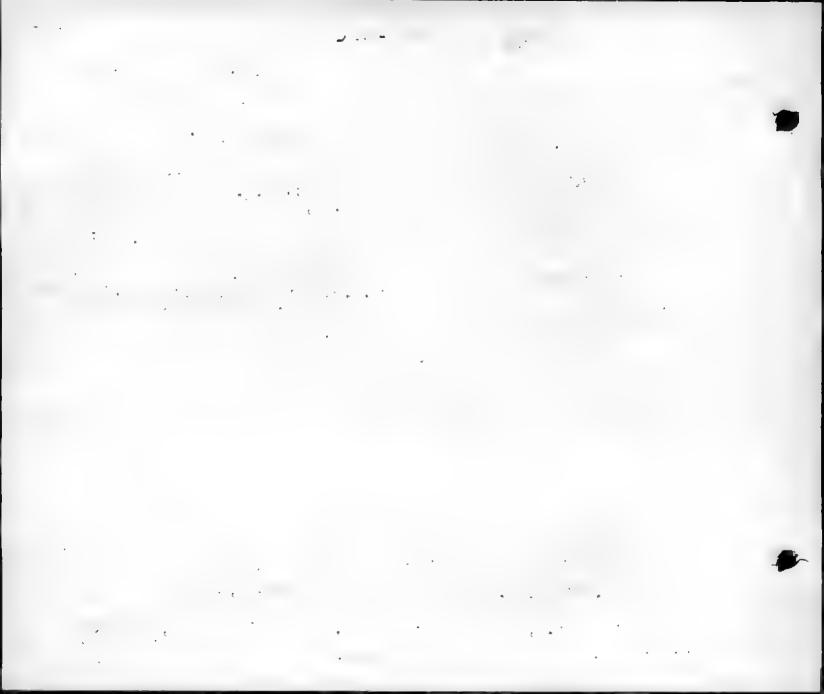
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VS A15 (4)

15M 9/5B



CERTIFICATE OF DEATH

Rea. Dist. No.

		2,200							
200	1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATMARY Land b. COUNTY Wiccomico						
	b. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Salisbury, Maryland	6 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Delmar, Maryland						
3	or INSTITUTION Deer's Head Sta	ate Hospital	d. STREET ADDRESS R.F.	D. #3	·	e IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF First DECEASED (Type or print) Hattle	Middle M.	Nutter	4. DATE OF DEATH	Month Ct. 4	19 59			
	S. SEX 6. COLOR OR RACE 7. MARI	Sec.	B. DATE OF BIRTH Jan. 11, 187	9. AGE (In y lost birthe	ears IF UNDER 1 YEAR loy) Months Days yrs	Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	unk	Maryla	nd	12.CITIZENO	F WHAT COUNTRY?			
	75. FATHER'S NAME Marcellus Nutter		14. MOTHER'S MAIDEN N	ter Elzey					
	IS WAS DECEASED EVER IN IT S APMED ECOCESS 14	SOCIAL SECURITY NO	INFORMANT	oer przey	Address	·			
	(Yes, no, or unknown) unk (If yes, give wor or dorse of service) unk Hospital Records Salisbury, Md.								
100	Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO ATT (b) DUE TO (c)	teriosclerotic teriosclerosis	general		ecompensate	Years			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	A Hour o.m. While	- fa	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.	20f. (City or town)	(County)	(State)			
	21. I certify that I attended the decease alive an Oct. 11, 19 decrease actual signature or U. Lucrus Physician's V. Juerman, M.I.	ond that death	accurred a 10:00A	M, from the cause ADDRESS (Street, city or tury, Maryla	s and an the date own, stote)	w the deceased e stated abave. DATE SIGNED /4/59			
	Trans (1794)			mi location ic:					
	220. BURIAL, CREMATION, 226. DATE THEREOF	200 NAME OF CEMETERY OF	7 4	Day to Cation ICity is	own, pr county)	(Stote)			
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS PINELIE, M	//		REGISTRARY SIGNATU				

TO HOSPITAL OR, "ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of seath. Page 4 may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phease remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A1II (4) 1SM 9/SB



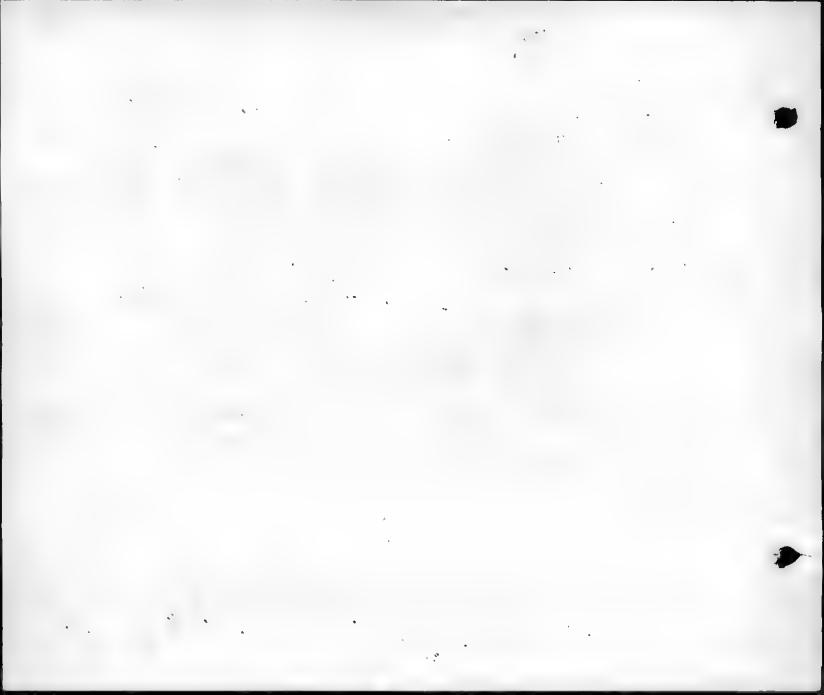


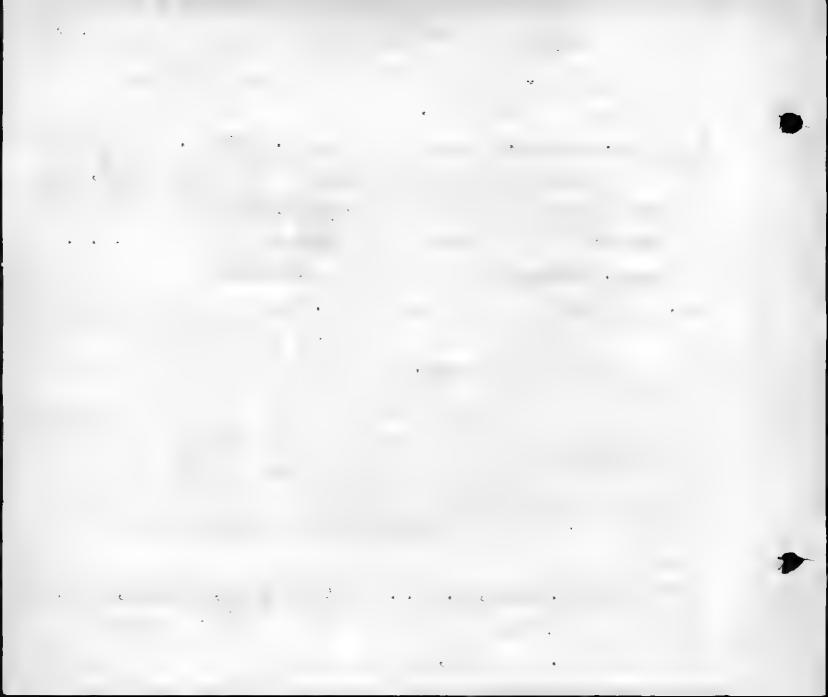
	_	77000	Reg. Dist, No.
1		PLACE OF DEATH G. COUNTY WI'EOMI'CO MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. CHATE b. COUNTY Wic.
j		b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn)	c CITY Of TOWN (If outside carporate limits, write RURAL and give neotest town)
		d. NAME OF HOSPITAL (If not in Traspital, give street address) OR INSTITUTION A NAME OF HOSPITAL (If not in Traspital, give street address)	19. STREET ADDRESS Pelituraler St ON A FARM? YES NO S
		NAME OF DECEASED (Type or print) Middle	Parker OF DEATH October 1 195
	s s	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Never MARRIED DIVORCED	18. DATE OF BIRTH May 30 1902 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR Manihs Days Hours Min.
	10a	USDAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during mest of working life, even if retired)	USTRY 17 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
1	13	eather's NAME Tarken	14. MOTHER'S MAIDEN NAME Carrier
J	15. (70)	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	Moncie Carper
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: 1010 Pro U a	ocular accident
4		DUE TO	, , , , , , , , , , , , , , , , , , , ,
		Canditions, if any, which) (b) Ater service	na on
		gave rise to immediate cause (a), stating the under-lying cause last.	, , , , , , , , , , , , , , , , , , , ,
	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PERFORMED? YES NO
	CERTIF	200 ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II of item 18.)
	MEDICAL		PLACE OF INJURY (Hame, Farm, 20f. (City ar town) (Caunty) (State actory, street, affice bldg., etc.)
		21. I certify that I attended the deceased fram.	2. 19.59, to 1. Oct., 190 Shat I last saw the decease
		CAN SM	th accurred at 8: 40 PM, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE
,		SIGNATURE STATE UT PLANTED	M.D. (Signal 3 d fine)
1		PHYSICIAN'S E.A. FUYNE	M.D. Salestupy, m)
	220	BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY	ACROS CAM Sellefler TH
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of eath. Page 4 may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any meent within 72 faurs after death.

VS A15 (4) 1SM 9/SB





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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5M 9/55



CERTIFICATE OF DEATH

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1	31995	CERTIFICA	TE OF DEATH		Reg. Dist. No.			
.me	1. PLACE OF DEATH a. COUNTY Wilcomico	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE	e deceased lived If institution b. COUNTY	Residence before admission)			
	RURAL and give nearest town)	TH OF STAY IN 16		tside corporate limits, write RU				
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	6 days	Salisbur Street Address	y, Maryland	e IS RESIDENCE ON A FARM?			
	Deer's Head State Mospital		312 Char	les St.	YES NO			
	3. NAME OF First DECEASED (Type or print) Marv	Middle Elizabeth	Purcell	4. DATE Monti	Day Year 27 1979			
		-	1. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State of		12 CITIZEN OF WHAT COUNTRY			
1	Housewife 13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		UaSana			
	William Henry Marvel			rdelia Elizalo				
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO. IN	J.Fulton Pi	rcell(Son)S	affisbury, Md.			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypostatic pneumonia 36 hrs.							
	gave rise to immediate	ensive arte	riosclerotic	car di ova sc ular	dis. Yrs.			
gave rise to immediate couse (o), stoting the under- lying couse lost.								
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBLES	TING TO DEATH BUT I	NOT RELATED TO THE TERMIN	IAL D SEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPS: PERFORMED? YES NO			
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	ort I or Part II of item 18)						
	20c TIME OF INJURY Manth, Day, Year 20d. INJURY O While Na at wark at a drawark at	CCURRED 20e PLA foci	CE OF INJURY (Hame, farm, ory, street, office bldg., etc.)	20f (City or town)	(County) (State			
	21 I certify that attended the deceased from	10-21	, 19 <u>5</u> 9., ta	10-27, 1959,1	hat I last sow the decease			
			occurred at5;28p.A		on the date stated obov			
	ACTUAL SIGNATURE	4×	.o. Deer's H	ead State Hosp	ital 19-28-59			
	PHYSICIAN'S L. V. Maldve, N.	D	Salishur	y_ Kararland				
	220. BURIAL, CREMATION, PLANTING OCT. 30, 1959 22c N.	AME OF CEMETERY OR ATSONS CE	CREMATORY	Salisbury				
	23. FUNERAL DIRECTOR'S SIGNATURE AD	DRESS	24g, REC'D	BY REGISTRAR 246, REGIST	RAR'S SIGNATURE			

SALISBURY MARYLAND

DATE NOV 2

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Cothur S. Krous

attending physician and campletely filled in by the n please remove carbon papers. Pages 1 and 2 shar TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs papers. permit. Then please remave carbon pap in any event within 72 hauss after death may be retaint. If the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached for use as the burial-transit permit. Then the registrar prior to bunal, crematian, at remayal, and in any event E 15

Page 4

the funeral director, should be filed with

TO HOSPITAL O VS A15 (4) 1SM 9/S8

HOLLOWAY & COMPANY



CERTIFICATE OF DEATH 11000

11987

	77039	CERTIFI	CATE OF DEA	411TI		Reg. Dist. No	1 - 0 0 -
1. PLACE OF DEATH a. COUNTY	Wicomico	MARYLAN	2. USUAL RESIDENCE	E (Where deceased I	ived. If institutio b. COUNTY	n: Residence before Wicomi	ce admission)
b. CITY OR TOWN RURAL and give r	(If autside carporate limits, segrest town) Salisbury	write c. LENGTH OF STAY IN		(If autside carpora	te limits, write RU	JRAL and give ne	arest tawn)
d name of hosp or institution	Pen. Gen.		d. STREET ADDRES	Newton	St		a IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	ROBER	MARTIN	RICHMOND	4. DATE OF DEATH	Oct.	9th	19 59
5. SEX Male	2 2n	MARRIED NEVER MARRIED			AGE (In years last birthday) yrs	Months Doys	R IF UNDER 24 HRS Haurs Min.
during mast of wa	rking life, even if retired)	yeed- Safe Co		_	ntry)	12. CITIZEN O	F WHAT COUNTRY?
William I			14. MOTHER'S MAID	et M.Ga	mble		
(Yes, no, or unknown)	ER IN U. S. ARMED FORCE: (If yes, give wor or dates of service) (I British	S? 16. SOCIAL SECURITY NO	Mrs. Mary K. Salisbu	Richmonery Mary	d(Wife)	228 Ne	wton St
. 18. CAUSE OF DE		e per line for (a), (b), and (c).]	arter		ombac	INT ON	TERVAL BETWEEN
Canditions, if a gave rise to cause (a), stating lying cause last	the under						
PART II OT	HER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	FERMINAL DISEASE	CONDITION GIVE	EN IN PART 1(0)	19, WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING [] 20 G [] CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injur	ry in Part I ar Part i	l of item 18)		
Y 20c. TIME OF INJU Hour a. m. p. m.		20d INJURY OCCURRED 200 While Not while at work at work	 PLACE OF INJURY (Home, foctory, street, affice bldg 		ir ławn)	(Caunty)) (State)
alive on		eceased fram 10;	ath occurred ol2:	39A, Abon 11	ne causes and set, city or town, s	d on the date	w the deceased e stated above. DATE SIGNED /1959
PHYSICIAN'S DINAME (Type)	.Wilber R.	Ellis Jr.	Medical	Center .			
220. BURIAL, CREMATION REMOVAL (Spec 6 Burial	Oct.11.1	22c. NAME OF CEMETER	Y OR CREMATORY	22d. LOCATIO	ON (City, lown, o	r caunty)	(Stote)
23. FUNERAL DIRECTOR		ADDRESS	24a.	REC'D BY REGISTRA	AR 24b, REGIS	TRAR'S SIGNATU	JRE

SALISBURY MARYLAND

DATE OCT 1 3 '59

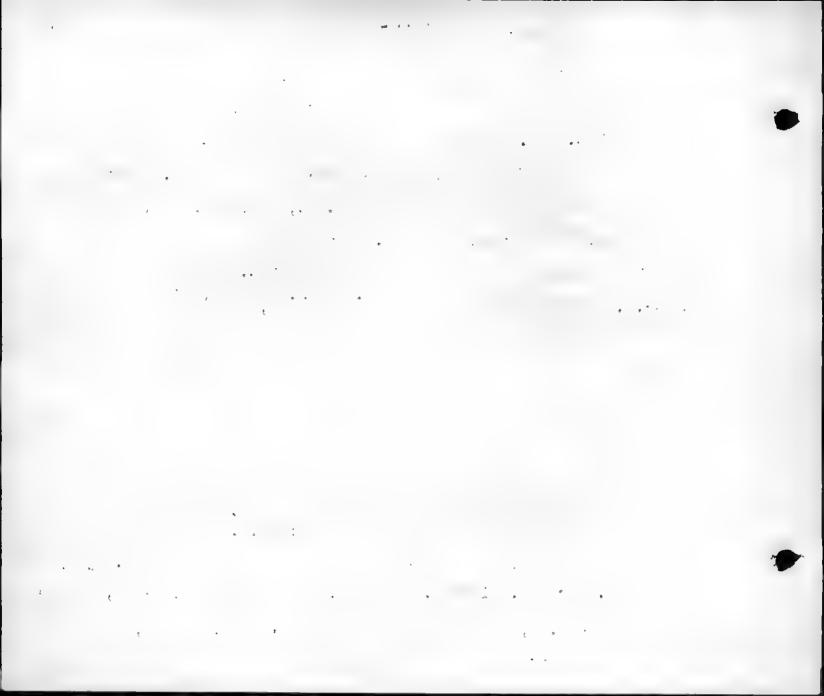
uneral director, death. Page ě by the attending physician and campletely filled in by the funit. Then please remove carban papers. Pages 1 and 2 should ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of may be retaine 574 the haspital ar ottending physician.

TO ILUMERAL DIRECTOR: After this certificate has been signed by the attending physician and camplel page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. the registror priar to burial, cremation, or remayal, and in any event within 72 haurs after death.

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TO HOSPITAL OF VS A15 (4) 15M 9/58

HOLLOWAY & COMPANY



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



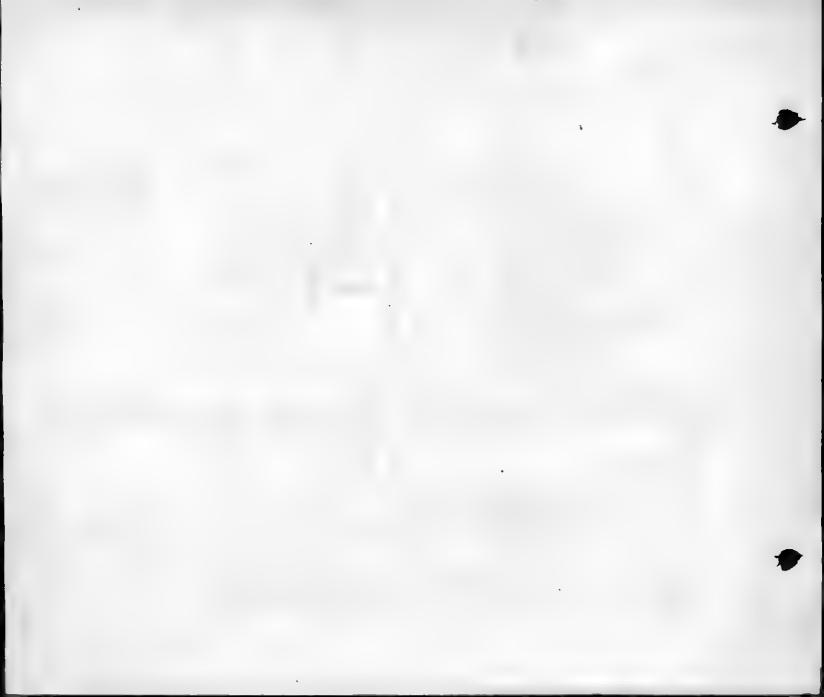
	11333	CEKITFICA	AIE OF DEATH	1	Reg. Dist	. No.
1. PLACE OF DEATH a. COUNTY	Wicomice	MARYLAND	2 USUAL RESIDENCE (WE O. STATE Mar	ere deceased lived.	If institution Residence COUNTY W1COL	e before odmission)
b. CITY OR TOWN RURAL and give r	(If outside carporate limits, write leorest town) Salisbury	c. LENGTH OF STAY IN 16		ulside corporate lin	nits, write RURAL and gr	ve nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree	*	d STREET ADDRESS	Walston	a Ave.	e IS RESIDENCE ON A FARM? YES NO M
3. NAME OF DECEASED (Type or print)	ROSA	ALICE	SMITH	4. DATE OF DEATH	OCTOBER	13th 19 59
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH	872 9 AG	1 1 1 1	YEAR IF UNDER 24 HRS
10a. USJA. OCCUPATI	ON (Give kind of work done 10b rking life, even if retired) PK at Home			ar foreign country)		EN OF WHAT COUNTRY?
13. FATHER'S NAME			14 MOTHER'S MAIDEN N			
William	M.Gordy		Hester	Oliphani	t	
	ER IN U. S ARMED FORCES? 16 (If yes, give war or dates of service;	SOCIAL SECURITY NO. Mr	Fours B.Sm. Salisbury,	ith(Sen) Marylar	120°Wala	sten Ave.
Conditions, if a gove rise to cause (a), stating lying couse lost.	the under-	<u> </u>	<u> </u>			/mo,
ICA II	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NALDISEASE CONI	DITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	AS JNDERLYING 20b. DE G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Part II of i	tem 18-)	
20c. TIME OF INJU Hour a.m. p. m.	While	i in	ACE OF INJURY (Home, form clary, street, office bldg., etc	20f. (City or taw	rn) (Cc	ounty) (Stote)
21. I certify the alive an ACTUAL SIGNATURE	hat I gite/ded the decea 19,3 12,0 12,0		n accurred at 3:45.	M, fram the c	auses and an the ty or town, state)	t saw the deceased date stated above DATE SIGNED
	r. Earl Bear	lsley /	Maryland .		alisbury,	Maryland
220 BURIAL, CREMATIC REMOVAL (Specific BURIAL	Oct. 16, 195	Parsons C	enetery		City, tawn, or county) Oury, Mary	(Stote)
23. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR	246. REGISTRAR'S SIGI	
HOLLOWAY	& COMPANY S.	ALISBURY MAR	YLAND DATE OC	1 9 '59	الم يك المدانات	isatth

in by the funeral director, and 2 should be filed with death. Page TO HOSPITAL On ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours among be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the buria-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after <u>death</u>.

VS A15 (4) 15M 9/58





	Reg. Dist. No.					
1 PLACE OF DEATH G. COUNTY WICOMICO MARYLANG	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b COUNTY Wicomico					
b CITY OR TOWN (If autside carparate limits, write c LENGTH OF STAY IN II RURAL and give nearest town) Salisbury	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fawn)					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince St	d. STREET ADDRESS Prince St. o is residence on a FARMA YES \(\) NO P					
3. NAME OF DECEASED (Type or print) ASBURY QUINTON	TRUITT Of Death October 29 19 50					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	T T Q T Q O T (IOS) Delyhday) Manths Days Hours Min					
10a. USUAL OCCUPATION (Give kind of work done obs. KIND OF BUSINESS OR INIduring most of working life, even if retired) Retired Farmer Farming	DUSTRY 11. BIRTHPLACE (Stole or foreign country) Worcester Co. Maryland USA					
13. FATHER'S NAME Samuel H. Truitt	Mary Elizabeth Driscoll					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. ag. or unknown) (If yes, give wor or dates of service)	MYS. Ernice Truitt(Wife'"Prince St Salisbury, Maryland					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ial Infanction Distribution Distribution					
Conditions, if ony, which) (b)	y Tohumbosis " Minute					
gave rise to immediate cause (o), stating the under- (c) Cuthernschaft canche vascula Ohiseen Years (ying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18)					
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a.m. 19 While Not while at work at work	PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State factory, street, office bldg., etc.)					
21. I certify that I attended the deceased from 5	1958 ta 197, 197, that I last saw the decease ath accurred at 20 M, from the causes and an the date stated above					
ACTUAL BIGNATURE . STATE COMO .	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) Oct.					
Treatment (19 per	Maryland Ave. Salisbury, Maryland					
	Memorial Park Salisbury, Maryland					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MA	RYLAN D DATE NOV 2 '59 246. REGISTRAR'S SIGNATURE CITCHING & KNOWN					
TIVELEN OF THE PROPERTY OF THE	ILLIAN DATE					

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

VS A1S (4) 1SM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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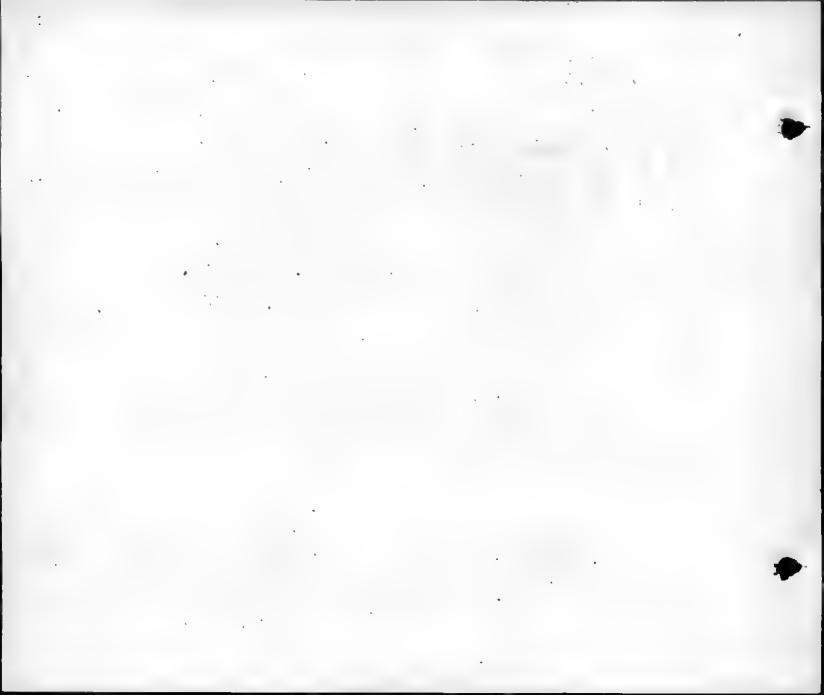
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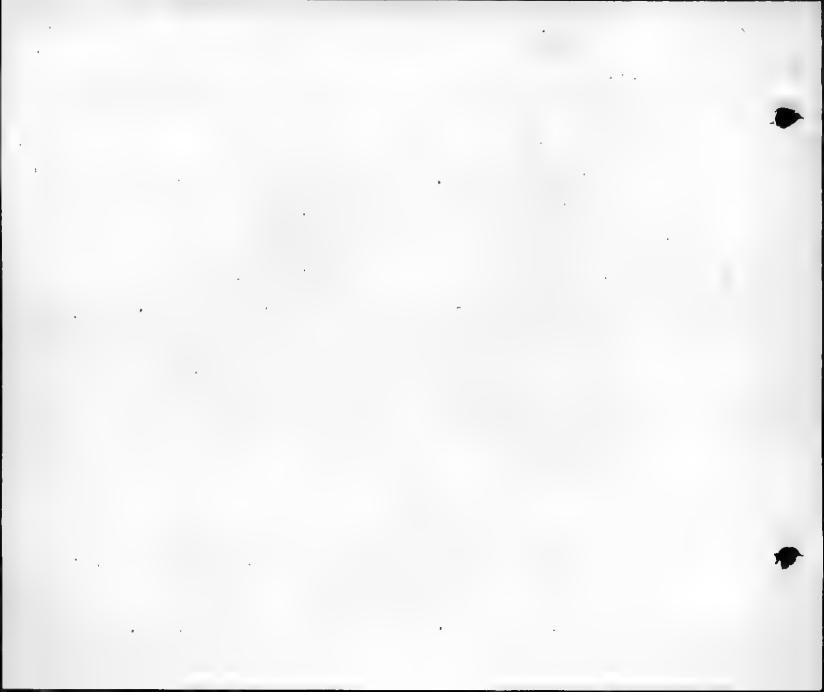
MARYLAND GTH OF STAY IN 16	o. STATE Marylan	d ecounty	ion: Residence before admission) W1COM1CO
	Marylan	d	Wicomico
OTH OF STAY IN 16			11 = 4 0 111 7 0 0
	c. CITY OR TOWN (If or	Itside corporate limits, write R	RURAL and give nearest town)
vears	V Dolmon		
years	d. STREET ADDRESS		e. IS RESIDENCE
	412 Pine	Street.	ON A FARM? YES NO
Middle	Last	4. DATE Mor	nth Day Year
0	Manual 4.4	DE A 914 (5 1	26. 1959
NEVER MARRIED			
_ :			
			12. CITIZEN OF WHAT COUNTRY
illroad		-V4.74-	USA
	14. MOTHER'S MAIDEN N	AME	
SECURITY NO.	NFORMANT	Add	ress
07-1575E	sther Truit	t. Delmar.	Md.
), (b), and (c).]			INTERVAL SETWEEN
DAMIA			ONSET AND DEATH
Orrun			225
Vances	d asterio	15 Mas At.	
	1	· ·	
1.0 10	und den	0_00	
12) - 12	my	700	
JTING TO DEATH BUT	NOT RELATED TO THE TERMI	NALD SEASE CONDITION GI	VEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?
			YES NO
OW INJURY OCCURRE	D. (Enter noture of injury in f	ort I or Part II of item 18.)	
- fo			(County) (State
t while to	ciory, street, office blog., etc.		
4	20.54	10.26	it
nAMA	, 1957, 10	70 1931	That I last saw the decease
, and that death	. /- /		
	/ '	ADDRESS (Street, city or town,	, stote) DATE SIGNI
	M.D. OCAL	ver De	V 1072713
		1	
AME OF CEMETERY O	P CPEMATORY	22d. LOCATION (City, town,	or county) (State)
AME OF CEMETERS C	LE CUEINICION !		
			Del.
	Cemetery	Delmar,	
	Middle C. NEVER MARRIED DIVORCED DIVORCED SECURITY NO. OT-1575 E OWNER MARRIED DIVORCED DIVORCED DIVORCED SECURITY NO. OT-1575 E OWNER DIVORCED OWNER	Middle C. Truitt. NEVER MARRIED 8. DATE OF SIRTH DIVORCED June 16.188 F BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of SILT) 14. MOTHER'S MAIDEN N SECURITY NO. INFORMANT SECURITY NO. INFORMANT OT-1575 Esther Truit (b), and (c).] WINDUSTRY 12. CLARA CALLED TO THE TERMIN DW INJURY OCCURRED. (Enter nature of injury in P OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc. work 1957, ta., and that death accurred at 24.	Middle Last DATE Mor C. Truitt DEATH Oct. NEVER MARRIED B. DATE OF SIRTH DIVORCED JUNG 16.1885 74 yrs. F BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) Maryland 14. MOTHER'S MAIDEN NAME SECURITY NO. INFORMANT Add O7-1575 Esther Truitt, Delmar, (b), and (c).] WINDUSTRY DEATH OCT. WING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN TO MAKE TO THE TERMINAL DESTANDANT OWN INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) foctory, street, office bldg., etc.) ON MARY 1959, to 10 - 26 , 1952

TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained, the haspital ar attending physician.

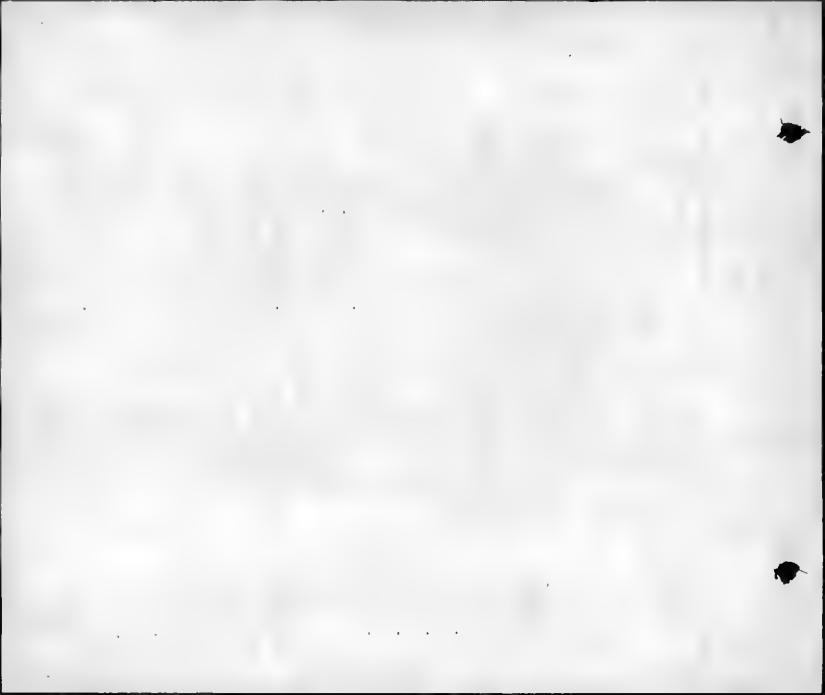
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the wineral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 mours after death. VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





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FOR STATE HEALTH DEPT.

For files.

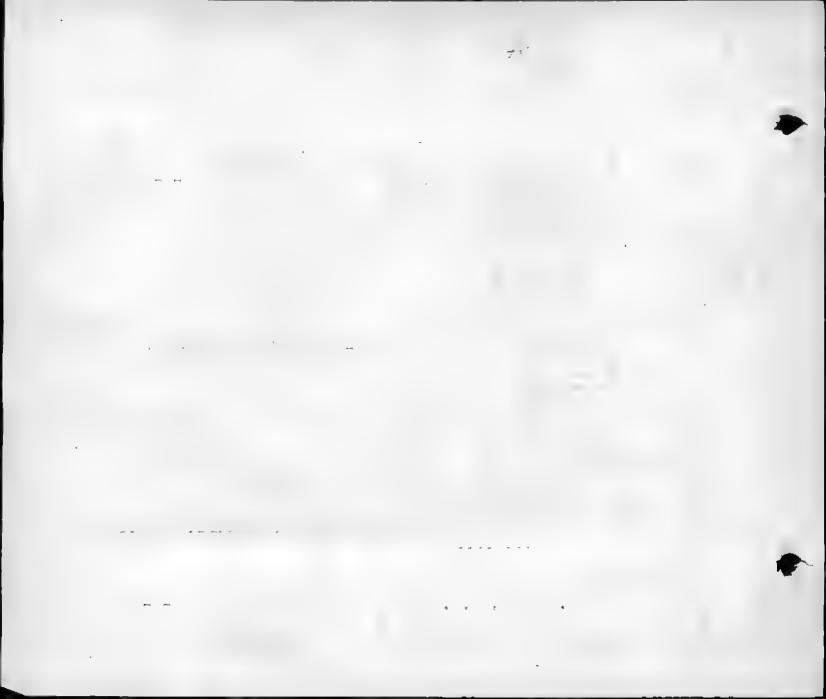
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ner execute the control of the ward "pending" in pendi in item 18. Give Pages 1, 2, onll 3 to the function of a shauld be faterated to the Chief Medical Examines's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the State Baard at its designated agent, prior to burial, cremation, at removal, and in any eyent within 72 hours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11996

							Reg. Dist. No.	
PLACE OF DEATH	12003			2. USUAL RESIDENCE (Where deceased liv	ed If institution	: Residence bef	ore odmission)
. COUNTY Wic	omico	MA	RYLAND	o. STATE	Marvlan	db. COUNTY S	Somers	et -
b. CITY OR TOWN	flourisde corporate fimits, write Rigi	c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN (I	f outside corporate			
Salis	-			Dnin	cess An	ne	10	
		at in hospital, give street add	iress)	d STREET ADDRESS	CODD AIL	110		Te. IS RESIDENCE
	sula Genera			Toxen	on Homm	Box E	7	ON A FARM?
3. NAME OF	PATA GOITOT.	Widgle Carr			on Farm			
OFCEASED (Type or print)				Lost	OF	Month	Day	Yeor
5. SEX	Lorraine	Vin			DEATH	10-3-		19
		MARRIED NEVER MARR		DATE OF BIRTH	Y. At	the sale of the sa	onths Doys	Hours Min.
F		IDOWED DIVORCE	1,00	1100		9ym		
On USUAL OCCUPATE during most of worker	ON (G ve kind of work done ng life, geen if retired)	106. KIND OF BUSINESS C	OR INDUSTRY	V 11. BIRTHPLACE (Stote	or foreign country	1	12. CITIZEN OF	WHAT COUNTRY
	xaler	TURL		Jes			123	4
13, FATHER'S NAME	1 2			14. MOTHER'S MAIDEN	NAME		Mary Mary	
11.20	12170	n,		11.11 10	2000	To and the last of		
15. WAS DECEASED EV			O. 17, JNT	FORMANT		Address		nation report that
Nor no manningmat-	(If yes, auto mar or dates of service	742	1	xile of a	7 (21)	217		
18. CAUSE OF DEA	TH Enter only one couse r	per line for (a), (b), and (c).					TINIER	VAL BETVVEEN
	TH WAS CAUSED BY:						ONSE	T AND DEATH
	IMMEDIATE CAUSE (o)	_Spontaneo	us su	ib-arachno	id_hemo	rrhage.	- Su	dden
	HISAIT DUETO							
	Conditions, if any, which by gave rise to immediate couse							
(a), stating the								
cause last,	(c)							
PART II, OT.	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERM	I'NAL DISEASE CON	ADITION GIVEN	N FART 1(0) 19	P. WAS AUTOPSY PERFORMED? (ES NO []
200. EXTERNAL CA	USE WAS 20b. E	DESCRIBE HOW INJURY OCC	URRED. (Ent	ter nature of injury in Par	t I or Port II of ite	m 18)		
20c, TIME OF INJU	IRY Month, Day, Yeor	20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Home, form y, street, office bldg., etc.	n. 20t. (City or to	wn}	(County)	(Stote)
Hour s.m.	39	While Not while at work		y, arear, arries aragi, are	"			
21. I certify t	hat I took charge of	the remains describ	ed abov	e, held an Autops	y K , Inspe	ction 🔭 1	nquiry 7.	and in my
opinion death	resulted from: Nat	Purol couses IXI. Ac	cident [. Suicide .	Homicide		ined manne	
	/ 1	Sidi decises (A)		l' percipe Cl'		Chocienni	nea manne	· 1
ACTUAL /	Em 11 10	· /		M. CHIEF MEDICAL E	YAMINER [DATE SIGNED
SIGNATURE /C		myer-		m.u.				
NAME OF STREET	ami T D.	- 6 -		ASSISTANT MEDIC	_	70.0	~	
	arl L. Roye			DEPUTY MEDICAL		10-8	Ch. A.	April 10 miles
MANOVAL (Specify	DN 726 DATE THEREOF	9 DA S	ATERY OR C	REMATORY	22d, LOCATION	(City/town, or ex	jondy)	(State)
Julia	The District of	ABOUT	T	eug	+ Jolle	ucon	114	
23. FUNERAL DIBECTO	SIGNATURE	ABORESS	V	-	D BY REGISTRAR		IRS SIGNATUR	-
1	and Car	18 Clean	-	DATES	T 1 3 '59	Carlan	Stationer	

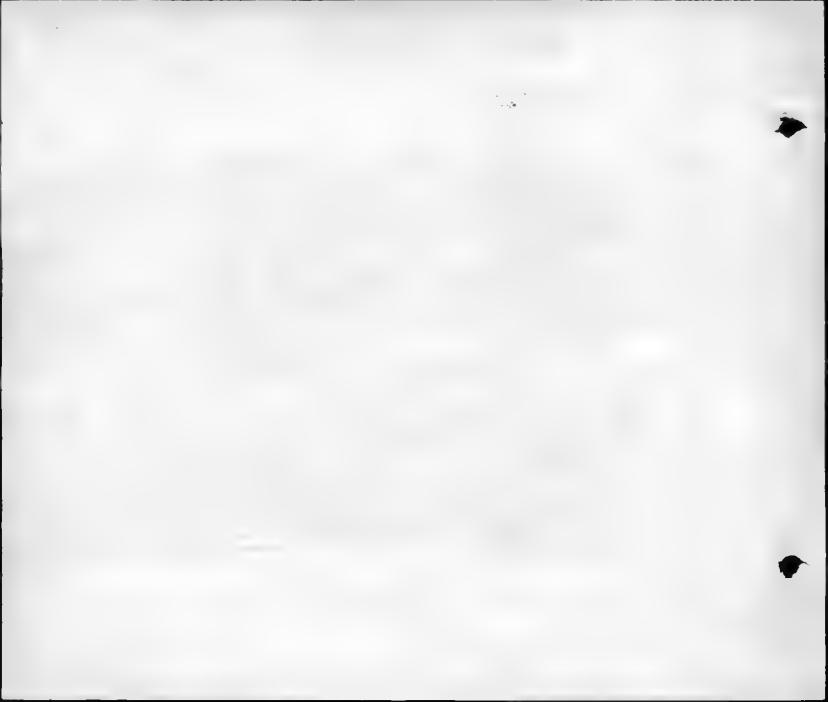


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TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of	I or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by	SS page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 st	and the same and the first same and the same
the death cer		e attending p	nen please rer	1 CC - 170 L
equires that	īñ.	signed by th	it permit. Th	and the same of the same
N: The law r	ding physicia	ate has been	 buriof-frans 	Contract of the last
G PHYSICIA	pital or atten	ir this certific	far use as the	the same of the same
ATTENDIN	the has	CTOR: Afte	be detoched	The farming
HOSPITAL OF	lay be relain.	FUNERAL DIE	age 3 shauld b	the same and a second
01	'S !	01	(4) 50	•

L	3.4013	TE OF DEATH	Reg. Dist. No.
1	1. PLACE OF DEATH COUNTY WICOMICO MARYLAND	2 USUAL RESIDENCE (Where deceased liver o. STATE May 2	b. COUNTY Complete County Complete County Complete County Complete County Complete County County
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN(II) outside corporale li	imits, write RURAL and give negrest town)
	d. NAME OF HOSPITAL (If not in hospito), give street address) OR INSTITUTION	d. STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO DAT
	3. NAME OF DECEASED (Type or print) ROBERT J. W.	ALLACE OF DEATH	oct. Pay Year 59
	Male Colored WIDOWED DIVORCED	3-6-1880 17	GE (In years IF UNDER I YEAR IF UNDER 24 HRS. If birthday) Manths Days Heurs Min.
儿	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during most of working life, even if retired) Of STEYMEZM	Maryland	12 CITIZEN OF WHAT COUNTRY?
	Robert Wallace	14. MOTHER'S MAIDEN NAME	ardy
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 H (Yes, pager photoun) (If yes, give were or date of service) 19-34-33 3 7	A Hillzry Walla	ce, Nonticoka, Ma
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ACOLE BY.	CONARY Occlu	SION INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) Ditub Dale	ecas louars	
	gove rise to immediate cause (a), stating the <u>under-lying cause tost</u> (c)		0
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO
) (Enter nature of injury in Part I ar Part II al	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA fac 4 work day wo	CE OF INJURY (Hame, farm, 20f. (City or to tary, street, effice bldg., etc.)	iwn) (County) (Slate)
	21. I certify that I attended the deceased from 2 vi	occurred at 430 FTM, from the	, 19.59, that I last saw the deceased e causes and an the date stated above.
,	SIGNATURE DE DES DE LA PRINCETANTE	•	city or town, state) ACC+ 59
	PHYSICIAN'S Richard. Jaunacy.	5 Nonticoke	Maryland
	220. BURIAL, CREMATION, 226. DATE THEREOF PLANTICUM CONTRACTOR OF CEMETERY OF CONTRACTOR OF CEMETERS OF CONTRACTOR OF CEMETERS OF CONTRACTOR OF CEMETERS OF CONTRACTOR OF CEMETERS OF CEME	(1/-	(fity, town for county) MJ (State)
2	23. FLANERAL DIRECTOR'S SIGNATURE BIVELVE, MA,	DATE OCT 6 '59	246 REGISTRANS SIGNATURE Cothun & Kraea



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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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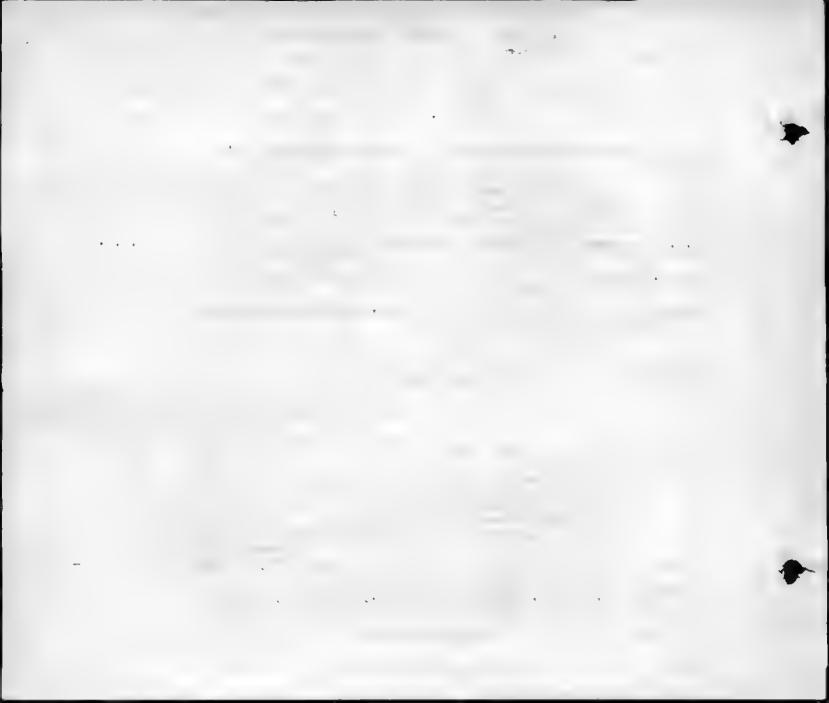
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 12020 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY 망/ **b. COUNTY** MARYLAND Wicomico Wicomico Marvland il. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give nearest fawn) Sharptown Sharptown d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE Main Street Main Street YES T NO DE 3. NAME OF First Middle 4. DATE OCTO SCManth DECEASED DEATH 1959 Type or print! Lewis Wilkinson Remard 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED 9. AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH Manths Male White DIVORCED [WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) USA Pharmacist Maryland Drugs 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Seabrease William Lillie IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address attending p 218-05-8028 Mary Bailey Wilkinson, Sharptown, Md. Yes 1B. CAUSE OF DEATH [Enter only one cause per_line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Tras IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? YES NO I 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. While Nat while at work 🔲 at work 🖂 1950 to 1007 21. I certify that a attended the deceased from ., 19<u>55, that I last saw the deceased</u> and that death accurred at 12 4. M, from the causes and an the date stated above alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE shauld registrar PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) abod REMOVAL (Specify) Burial 10-14-59 Taylor Sharptown

ADDRESS

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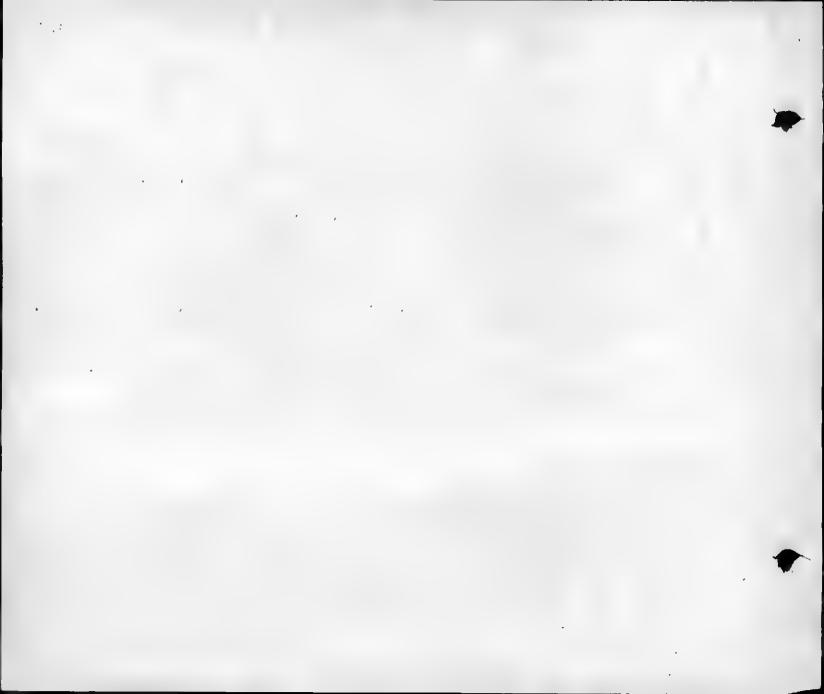
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VS A15 (4)

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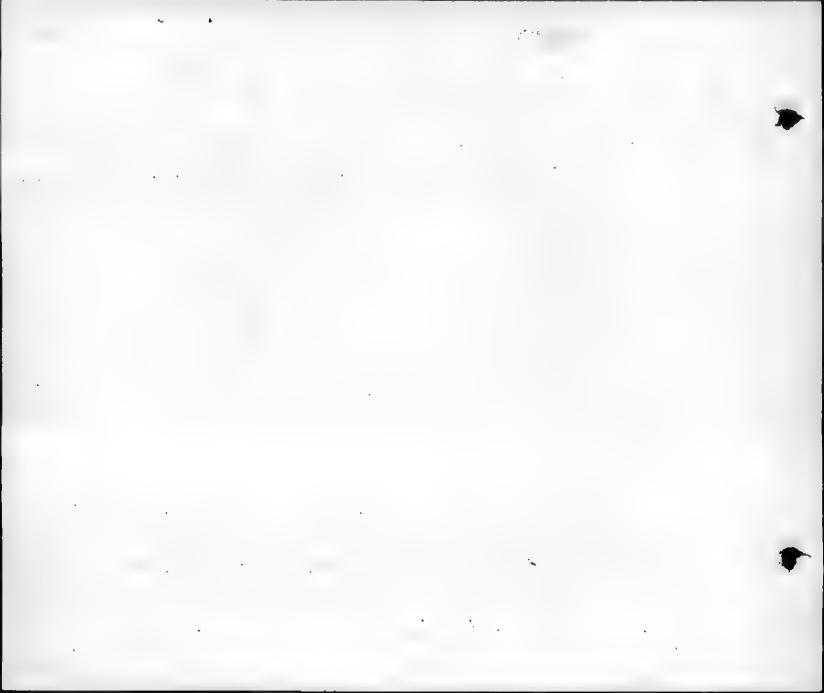
CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. CITY OR/TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Lost 4. DATE Month Day Year DECEASED DEATH (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B DATE OF BIRTH MARRIED T NEVER MARRIED T last birthday) Months Days DIVORCED [WIDOWED I 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HBORE 13, FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANI 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c, TIME OF INJURY Day, Year 20d, INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour a. m. While Not while at work at work D. BI be 24, 1959 that I last saw the deceased 21. I certify that I attended the deceased from OC to that death accurred at 500A _M, from the causes and an the date stated obove ACTUAL SIGNATURE NAME (Type) 22b. DATE THEREOF CCATION (City, town, or county) 220 BURIAL, CREMATION, 22c. NAME OF CÉMETERY OR CREMATORY (Stote) REMIDVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE OCT 2 6 '59 Orthur & House

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4 5E	ins		12007 CERTIFIC	MENT OF HEALTH—BALTIMORE, 18 Cert. et ATE OF DEATH Reg. Dis	. No.13147
Page directa iled wii			PLACE OF DEATH COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institut on Residence a. STATE Maryland b. COUNTY So	e before admission) merset
eral be f	(0)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RJRAL and g	ive nearest town)
5 P		E	alisbury	Princess Anne	14.
the ska	082		d NAME OF HOSPITAL (() not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
4 5 P	(100	L	eminsular General Hospital	Rt. # 3, Box # 1	YES NO
n 24 ho Filled in jes 1 an			NAME OF BECEASED (Type or print) Baby Boy	WOIFRII DEATH OCTOBEC	30 19 5
d within letely t		١,	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1		YEAR IF UNDER 24 HRS
d comp	death.	100	. JSUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired)	USTRY 17. BIRTHPLACE (State or foreign country) 12.CIT(1)	EN OF WHAT COUNTRY
6 p 5		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ate to			Edgar Wolfkill	Virginia Adkins	
certificating physicials remave a			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO [If yes, give war or dotes of service)	INFORMANT Address	
eoth endii	<u> </u>		1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),		INTERVAL BETWEEN ONSET AND DEATH
office d	¥ =		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)		ONSET AND DEATH
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4 th	Ž.		Canditions, if any, which) (b) Alekithethe	2 42-	
require an. signer	ם בי		gove rise to immediate couse (a), slating the under- lying couse last.	Sant Les	
physici paysici nas beer ial-tran	o doval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19 WAS AUTOPSY PERFORMED? YES NO
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Spiter there is a formal spiter of the spite	Ď .:		21. 1 certify that I attended the deceased fram.	1291959 ta 10/30, 1957, that I la	st saw the decease
NO!	0 2 2		alive an, 19, and that deat	h accurred at a PM, fram the causes and an the	date stated above
d up the	ģ ģ		ACTUAL SIGNATURE A THE SIGNATURE	M.D. Pine A. Circler after Med	DATE SIGNE
	frar prior		PHYSICIAN'S NAME (Type)		
HOSPI ay be FUNER	0	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOGATION (City, town, or county)	(Stote)
may boge	9	1	Person 10/30/19 Beechward	Memorial Trincen An	ne md.
VS A15 (4) 15M 9/58		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND THENON PRINCES	DATE NOV 1 8 29 CALLY	S. KLAYA
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12008

CERTIFICATE OF DEATH

Reg. Dist. No. 12012

	1. PLACE OF DEATH a. COUNTY, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY COMICO					
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
	Salisbury	X MILLARDS					
	d NAME OF HOSPITAL (final in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE					
	Persinsular Gerreral Hospital	ON A FARM? YES NO					
	3. NAME OF DECEASED (Type or print) WALSIE NAS	Wooten death October 12. 1954					
	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Man					
	Famala William WIDOWED DIVORCED	JAN. 4. 1904 Lost birthday) Months Days Haurs Min					
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU						
	during most of working life, even if retired)	VIALENEVILLEMD USA					
1	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
j)							
	URIAH HUDSON	SARAH CAREY					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no. og unknown] [If yes, give wor or dates of service]	NFORMANT Address NO					
	No.	R. HARRY L. WOOTTEN WILLARUS					
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
	PART : DEATH WAS CAUSED BY. METASTATIC	T-18 ROSAR CON A.					
	10 7 0	1 (oka) hicio(a) is					
	DUE TO TILDO TO OR	A THIAN I THE					
	Canditians, if any, which gave rise to immediate (b) +1886 SAR Cogn	A- IMGH- LEFT. OGBS.					
	cause (a), stating the <u>under-</u>						
	lying cause last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
1	3	YES NO I					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)					
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PL fa Haur a. m. While Nat while at wark of work	ACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State)					
	Haur a.m. 19 White Not white	clary, street, affice bldg., etc.)					
	(1)						
	21. I certify that I attended the deceased from 7-12	1957, ta 6 -12, that I last saw the deceased					
	alive an 10 - (2 , 1957 , and that death	accurred at 3 HM, from the causes and on the date stated above.					
	.0/8	APDRESS (Street, city or lawn, state) DATE SIGNED					
,	SIGNATURE TV - July News	Mo Medical Cluter, Salisbury, Mid					
	PHYSICIAN'S [NAME (Type)						
	220 BURIAL, CREMAT ON, 226. DATE THEREOF 220 NAME OF CEMETERY	R CREMATORY 22d. LOCATION (City, lawn, or county) (State)					
	BEMOVAL (Specify) 10 15 57 EVERGE	3					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
	Ama A. Durbage Bulance	OCT 1 5 '50 C : 2 4					
	70-0000	DATE US 1 3 33 Chickey 2, Thank					



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12009

CERTIFICATE OF DEATH

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Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Wicomico	MARY	LAND	2. USUAL RESIDENCE (WHO o. STATE Maryla		lived. If instituti b, COUNTY			ission)
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, wri	te c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If o	utside corpor	ote limits, write R	URAL and giv	ve nearest to	wn)
Salisbur	y	159 days		Federals	burg	(15 X -	2	
	AL (If not in hospital, give stress Head State H			d. STREET ADDRESS 220 S. Mai	n Stre	et		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fini Laura	Middle Virgin	ia	wothers	4. DATE OF DEATH	Mor	ber	Doy 20	Year 19 59
S. SEX Female	6. COLOR OR RACE 7. M	Table 1	D B	5/12/1869		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UNI	DER 24 HR
Housewi	ON (Give kind af work done king life, even if refired)	ob. KIND OF BUSINESS O Housework		Maryland	(Car			EN OF WHAT	COUNTR
13. FATHER'S NAME Ezeki.e	al Jarrell			Mary Cl					
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	. IN	Deer's	Head	Hospita.	e"Reco	rds	
PART I. DEA 4.2	ny, which (b) (b) DUE TO the under-	Arterioscler Arterioscler	otic osis,	general				Year	ND DEATH
CATIC	HER SIGNIFICANT CONDITION						EN IN PART	PERF	FORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury in t	fort I or Port	(I of item IB-)			
20c. TIME OF INJUR Haur a.m. p. m.	wi wi	d. INJURY OCCURRED hile Not while work ot work	20e. PLAt	E OF INJURY (Home, farm ery, street, office bldg., etc.	, 20f. (City	or town)	(Ca	unty)	(Stat
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	L. V. Maldve,	259, and that Lee, M. D.	death (Deer's He Salisbury,	M, from ADDRESS (Stread St.	the couses on reet, city or town, ate Hosp: Land	d on the state)	date state	ed abov
REMOVAL (Specify)	Oct.23,1959	22c. NAME OF CEME	XIXIX	Camarado	To	ion (Cily, town, deralsbu	rg, Ma	ryland	tate)
J.J.Frampto	s signature m and Son, Fe	deralsburg, l	Maryl	and DATE OC	T 2 2 '59	RAR 24b. REGI	STRAR'S SIGN		

attending physician and campletely filled in by the funera n please remave carban papers. Pages 1 and 2 shauld be ofter requires that the death certificate be Then please may be retained by the haspital ar altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit. The registrar prior to burial premit. VS A1S (4) 1SM 9/SB

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TO HOSPITAL OF ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the death: Page 4	may be retained the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with	1
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12010 **CERTIFICATE OF DEATH**

12004

-									Kag. D	131, 140,	
1.	PLACE OF DEATH	li nomi no		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Wicomico						
-		Vicomico	ta maika	- ICHOTH OF STAVING							
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn)			c. CITY OR	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
L	Sa	lisbury	12	/2 Salisbury							
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	oddress)	d. STREET	d. STREET ADDRESS e. 15 RESIDENCE					
		74			Dalle T	1 7		lane a sele			ON A FARM?
	NAME OF					Delaws	1				C3 [] 140 [8]
3.	DECEASED	Fir	31	Middle	lo	ist	4. DATE OF	Mo	nth	Day	Year
	(Type or print)	Norman		R.	Wrig	ht	DEATH	Octob	er	4	19 59
5.	SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIED	8. DATE OF BIRT	TH	5	. AGE (In years	-	RIYEAR IF	UNDER 24 HRS.
	Male	Col	WIDOWI	DIVORCED	Oat li	1800		lost birthday)	Months	Days H	laurs Min.
100		N (Give kind of work)		KIND OF BUSINESS OR INC	IUCUA T	LACE (State of	a foreign co	- 01	12 50	TITEN OF Y	VHAT COUNTRY?
	during most of work	ing life, even if retired	l lob.	KIND OF BOSHAFAS OK HAD	OSIKI II. BIKIM	DACE (Sible)	ar roreign coc	,,,,,			
	Lab	or				Maryl			JU	.S.A.	
13.	FATHER'S NAME				14. MOTHER'S	S MAIDEN N	AME				
	Wilmore	Wright			1.0	erniv	o K	ing			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	GTITTA	Q 11		ress		-
{Ye	is, no or unknown)	If yes, give war or dates of s	ervice)	SOCIAL SECONIA PROGRAM	0 110	n/	1	2 - 0	7	111	10000
	71			3	ophico	KOUT	unda	102	alle	A11	Sales
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne far (a), (b), and (c).]	111		1 .			INTERV	AL BETWEEN
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH										
	IMMEDIATE CAUSE (o) STORAGE AND ONE STORAGE AN										
	4 ac. DUE TO A LOW .										
	Conditions, if any, which) (b) (2) (1) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c										
	gove rise to immediate Couse (a), stating the under-										
	lying couse last. (c)										
Z	PART II. OTH			ONTRIBUTING TO DEATH BE	UT NOT RELATED TO	O THE TERMIN	VAL DISEASE	CONDITION GI	VEN IN PAR	T 1(a) 19	WAS AUTOPSY
Iĕ							1712 151511131		1614 114 124	F	PERFORMED?
5	20 100000000000000000000000000000000000		001 -55-							Y	5 NO
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206. DES	CRIBE HOW INJURY OCCURI	RED. (Enter noture o	of injury in P	art I ar Port	I of item 18.)			
MEDICAL	20c TIME OF INJURY	Month, Day, Yes	or 20d. It	JURY OCCURRED 20e.	PLACE OF INJURY	(Home, form,	20f. (City	or town)	- {	Countyl	(State)
0	Haur o. m.	19	While of world		factory, street, affic	e bldg., etc.)					4
2	p. m.		or wor	a ol work		-	1	1			
	21. I certify the	at I attended the	decease	ed from 12	7 195	to_	41676	19	2that 1	last saw	the deceased
	alive an	1.000	. 19	and that dea	th accurred at	II .	M fram	the course i	1		stated abave.
	1	77		7/				et, city or town,		ne duie	DATE SIGNED
	ACTUAL SIGNATURE	SHALL	A M	0111	10	2. 1.	1 300	0	-	0	DATE SIGNED
	SIGNATURE	CHILL	711	M	_M.D.	4	1-11	White.		J	7515
	PHYSICIAN'S NAME (Type)	E,A,	Pul	enell		elin	Lysi	1 8	20		-/
220	BURIAL CREMATION	N. 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d LOCATH	ON (City, town,	or county)		(State)
T	REMOVAL (Specify)	10/9/10	959	Green Ac	res			sburv	7.5	arvl	and
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS A	Λ	Dan DECIS		10 10	STRAR'S SI	44	ariu
)	10. 4	701	1	0 // //	1 nost	240. REC'D	BY REGISTR				
1	llylm.	* XIDILY	27/	salis lin	4710	DATE OC	1 1 3 '59	a	when L	Thened	

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